Isle of Wight NHS
NHS Trust

Patient Information Leaflet

Your Guide To Reversal Of Ileostomy

Produced By: The Colorectal Nursing service and Stoma Care Department

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SMOKEFREE
Isle of Wight

If you require this leaflet in another language, large print or another format, please contact the Quality Team, telephone 01983 534850, who will advise you.

Introduction

This information booklet has been based around experiences of patients who have had their ileostomy reversed and how they have managed their new bowel pattern.

It is difficult for health care professionals to be prescriptive about the management of the bowel pattern because it is very individual.

Hopefully you will find this booklet informative and reassuring as you are adapting to your new bowel pattern.

Before the operation

At your outpatient clinic appointment you will see your doctor or specialist nurse. They will discuss with you the benefits and risks of having your ileostomy closed.

Before a firm decision can be made by your consultant to arrange the operation they will request a special X-ray to check the join of your bowel inside, has healed.

Consent

Before a doctor or other health professional examines or treats you, they need your consent. If your treatment involves sedation or general anaesthesia, you will be asked to sign a consent form which we will keep in your records. If you later change your mind, you're entitled to withdraw consent – even after signing.

What will the operation involve?

Prior to the operation you will need to attend the pre-operative assessment clinic just like you did before your main operation. You will be admitted to hospital on the day of your operation.

You will not be required to take any preparation or bowel laxative before your operation. You will need to follow any dietary / fluid intake instructions you are given at pre-assessment.

This is a small operation lasting approximately 20– 40 minutes and necessitates a stay in hospital usually for about 2-4 days. This procedure will put your bowel back inside allowing the motion (faeces or stool) to flow through in the normal way.

In order to put the bowel back inside the surgeon makes a small cut either side of your stoma. This will result in you having a small surgical wound where your stoma used to be. Occasionally the surgeon may decide to leave the wound open to heal from beneath. This will require a dressing while the wound is healing.

You will come back to the ward with a drip in your arm which gives you fluids. When you are awake, and if you are not feeling sick, you will be allowed to have a drink. The following day you will be allowed to increase the amount of fluids and start to eat. The drip will be stopped when you are drinking adequately.

After this operation it is likely that your catheter will be removed, therefore, when you need to pass urine, you will need to ask the nurses to help you to the toilet.

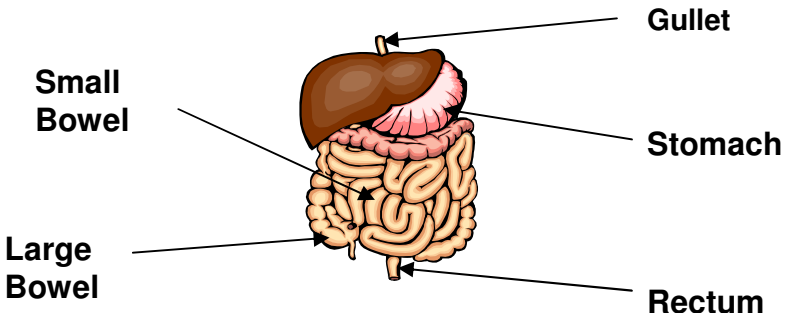
Pain relief will also be prescribed for you to have on a regular basis. However, if these are not strong enough you can ask the nurses for stronger medication.

Your bowels will usually start to work a couple of days after the operation and when they do, you will be allowed to go home.

The main purpose of this booklet is to explain more about the potential bowel pattern and what can be done to help it.

Your Bowel Before Your Operation

The large bowel, or colon as it is medically called, is the last part of your intestines. When you eat, the food passes down your oesophagus (gullet), into your stomach and then into your intestines. The first part (small bowel) is where the nutrients are absorbed and by the time it reaches your large bowel most of the goodness has been taken into your bloodstream.



The waste that enters the large bowel can be as much as 1-2 pints of thick liquid. Its journey through the large bowel can take up to a couple of days and, in this time, the water is reabsorbed and the result is a formed stool.

The end of the large bowel is the rectum and this is the storage part for the motion. When it is full a message is sent to the brain which tells you to go to the toilet and empty your bowels.

How will the operation change my bowel function?

The operation to remove the cancer involves removing part of the rectum, i.e. the storage part. This will mean that the capacity to hold the motion is smaller and may result in you having to visit the toilet more frequently.

In addition to this as part of the bowel has been removed there is a smaller area for water to be reabsorbed back into the body therefore the motion may contain more water and be looser.

For some patients the symptoms of bowel cancer may have been looser bowel movements and a change in frequency. Do not be alarmed if this seems to be the same as the cause is different.

What will your bowel pattern be?

After the ileostomy has been reversed different bowel patterns are experienced. You may encounter any of the following problems:

- Frequency of stool
- Urgency of stool
- Diarrhoea
- Fragmentation of stool (this is when you need to visit the toilet more frequently and can only pass little amounts)
- Constipation

It is a very individual thing and therefore difficult to predict what your bowel pattern will be like. Similarly, the remedies will differ and what suits one person might not suit the next.

The bowel pattern usually settles quickly (in a matter of months) but it can take up to 2 years before you will learn what is normal for you.

Patients in the past have been concerned that the diarrhoea may be contagious this is unlikely as the diarrhoea is more likely due to surgery. However, you still have the same risk as everyone else of picking up an infection. If your motions become watery, increase in frequency or you are concerned do not hesitate to contact your GP or nurse specialist.

This booklet has been written based on suggestions that previous patients have found helpful. The management of your bowel pattern will involve trial and error until you find the best solution for you.

Diet

Initially (probably the first few days or weeks), we recommend that you eat foods that are low fibre. Fibre is a waste product, derived from food that cannot be digested and used by the body. Foods that are high in fibre are fruit, vegetables and some cereals.

Different fibre foods have different effects on the bowel. Fibre that is found in cereals such as All Bran or brown bread will make the stool softer. Fibre found in fruits and vegetables help to stimulate the bowel and therefore make the bowel work more frequently.

Your bowel movements will dictate which foods you need to avoid. You may want to try not eating too many fruits and vegetables for the first couple of weeks and then gradually re-introduce them into your diet.

The amount of wind you may produce is often increased after this type of surgery and can be quite strong smelling. Green leafed vegetables can increase wind so if you find you have a wind problem try to cut them out of your meals for a couple of weeks to see if it improves.

Over the next few months you will become aware of what foods make your stools looser and how best to manage it. As your confidence improves you will find that you don't need to avoid the food but you will know what to expect in terms of bowel pattern.

Drinks

Some patients find that drinking lots of coffee can affect their bowels and make them looser. If this occurs try reducing the amount of coffee you drink.

Alcohol can make your bowels looser. This doesn't mean you can not have a drink, but just be aware that the day after may mean a looser day.

Fizzy drinks may make the bowel produce more wind and because some patients find their bowel pattern more explosive following their operation, you may want to let the fizz out of the drink or try to avoid them.

Yoghurts with live bacteria or ‘friendly bacteria’ may also help replace the bowel with bacteria that are helpful and that may have been removed due to antibiotics etc. Certainly trying them isn't going to do any harm and you may find that they help your bowel pattern generally.

Medications

If diet alone doesn’t improve your bowel pattern medications may be needed. The two main types we use are either anti-diarrhoeal (Imodium/Loperamide) or bulk forming agents such as Fybrogel.

It is important to speak to one of the Nurse Specialists (Stoma or Colorectal) before taking them as it depends on what your stool is like as to which will be most beneficial.

If diarrhoea is a problem i.e. you are passing frequent amounts of watery stool then Imodium will be recommended. If you find that you are visiting the toilet frequently but only passing small bit of stool then Fybrogel may be recommended.

Occasionally a combination of both is needed. Both can be bought over the counter without prescription however, your GP or Nurse Specialist will also be able to prescribe them.

Patients who talked about their experiences for this booklet found that the medication helped but it was very much trial and error and juggling with the dose of medications to suit them. Some found it reassuring to have Imodium in the cupboard in case of a loose stool day and

also if they were going out, just to be on the safe side.

How does Imodium work?

On the packet instructions it will state to take it after every episode of diarrhoea but this tends to be for people who have got it due to a tummy/stomach bug.

The bowel works by squeezing the food through in a wave like movements. Imodium slows this action down thereby allowing the food to stay longer in the bowel and therefore longer for water to be reabsorbed. To allow the bowel to be slowing down prior to food getting into it we would recommend that you take Imodium 30-60 minutes before meals.

How does Fybrogel work?

This helps bulk out the stool so if you are finding that you are passing small and frequent bits of stool, Fybrogel may help to pass larger stools all in one go.

Fibre in breakfast cereals is also bulk and Weetabix has the same effect. You, may, therefore, want to try this first. All Bran is highest in fibre content but not everyone likes the taste. Cereal packets will say if the content is high in fibre, as these are the healthiest ones, so have a look and experiment.

Exercise

Exercise can help with the management of constipation as it helps to stimulate the bowels normal wave like movement. It is advised not to undertake strenuous activity within the first few weeks following your reversal operation. Gradually introduce any physical activity previously performed and increase slowly. Resume sexual activity as you feel able. It is best to avoid swimming until your wound has healed, this will help avoid the risk of wound infection.

Pelvic floor exercises may help with anal sphincter control if you would like further information on this please contact the either the Colorectal or Stoma Care Nurse Specialists.

Skin Care

If you are having frequent visits to the toilet the skin around your back passage will get sore. The aim of skin care is to prevent this.

Moist toilet wipes can be bought from the toilet paper section of most supermarkets. If your stool is very soft, you will need to wipe the skin a lot, using moist wipes will cut down on the amount of dry paper you need. Many of the main toilet paper companies now make paper that is very soft and some include Aloe Vera which is soothing for the skin. Although they may be more expensive you may find having a packet in the cupboard for loose days is helpful. Applying a barrier cream onto the skin is also helpful in protecting it. Sudocreme and Morhulin are examples of the many creams that you can buy over the counter.

Protecting your underwear

Although incontinence isn't a common problem the fear is that, due to urgency to pass a stool patients will lose control. Wearing a pad in your underwear means that if you are 'caught short' you will have some protection.

All patients that were interviewed for this booklet wore a pad of some description just to be on the safe side. Common ones are ladies sanitary towels or sometimes just a thin panty liner is sufficient.

Will my bowel pattern affect my social life?

Due to the erratic unpredictable nature of the bowel pattern some patients don't feel confident enough to go out much in the early weeks. There are no magic words that we can say that will make you feel safe and confident. It all comes with time and, by trying the various remedies described, you will develop a protection package that suits you.

The vast majority of patients who have had this operation look forward to getting on with their lives without their stoma. Having a positive attitude helps you to adjust to your new bowel pattern and knowing what you are experiencing is normal is also reassuring.

Patients look forward to getting back to 'being normal' again and for most of us that means going to the toilet once a day after breakfast. Due to the changed anatomy of the bowel this is unlikely to happen.

Striving to achieve what you were like before the cancer operation will mean you will only be disappointed when it doesn't happen. Try to forget what was normal for you before surgery and instead think that your new bowel pattern is the new norm. However, as mentioned earlier, it may take months before you can be confident to say what is normal.

By the time you have read this booklet you may well be feeling daunted and disheartened about what the future holds in terms of bowel function. Please don't be.

This booklet is aimed at giving you top tips and reassurance. There are patients who, following their stoma reversal, have a very good bowel function and it doesn't disrupt their social life at all, so please keep positive as it will improve.

What are the risks and benefits?

Benefits

The aim of this operation is to remove the stoma and therefore enable you to go to the toilet in the normal way again. It also means that from an appearance perspective you will not have to

wear a bag.

Risks

With any operation there are risks, it is important that you are informed of them.

As mentioned earlier in the booklet, before your consultant decides to arrange for the operation he will have performed a special X-ray (loopagram) to check that the join inside has healed.

General risks are those that anyone having anaesthetic is exposed to. They include chest infection, heart attack, stroke and blood clots in the leg (DVT).

This operation is a relatively small operation and therefore your recovery time should be quicker than after major surgery. The risks are therefore reduced but still there.

Specific risks are those related to the operation itself which include wound infection, bleeding and leaking from where the bowel has been reconnected.

In some patients the bowel can take time to 'waken up' and therefore the doctors will keep a drip up until it shows signs of starting to work.

If there are any concerns about reconnection of the bowel (anastomosis) an x-ray will be performed and if it is not healed it may require an operation to form another stoma.

Please do not be alarmed by these risks as they happen only in the minority of cases and methods of prevention of risks are assessed and implemented prior to your operation.

If your surgeon is concerned about your health prior to surgery it will be investigated thoroughly before your operation.

Are there any alternatives?

There are no alternatives apart from not proceeding with this operation and living permanently with your stoma.

Further Information

Please feel free to contact either the Colorectal Nursing Team or the Stoma Care Department for further information or with any questions you may have. We are used to dealing with these so you will not be bothering us by telephoning for advice.

Stoma Care Department: 01983 534009

Colorectal Nursing Team: 01983 534180

Valuables should not be brought into the hospital. If patients have to bring in valuable items they should ask a nurse to store them safely and request a receipt for the items. You may not be able to have the valuable items returned if the time of discharge from hospital is out of hours.

We are sorry but the Trust cannot accept responsibility for loss or damage to items not given for safe keeping.

You can get further information on all sorts of health issues online at: http://www.nhs.uk/

For Health advice and out of hours GP service please call the NHS 111 service on: 111

We Value Your Views On Our Service

If you wish to comment on the care which you, your relative or friend has received, we will be pleased to hear from you. Please speak to the person in charge of the ward, clinic or service in the first instance or ask them to contact the Quality Team. If you wish to contact them directly, telephone on 534850.

Alternatively you may prefer to write to:

Chief Executive
Isle Of Wight NHS Trust
St Mary's Hospital
Newport
Isle of Wight
PO30 5TG

You can also share any concerns you have about our services with the Care Quality Commission (CQC) on 03000 61 61 61 or at enquiries@cqc.org.uk

All NHS sites are no smoking areas.
If you would like help and advice to stop smoking please call: Freephone 0800 169 0 169 to talk to the NHS Smoking Helpline.

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