

Stoma after ileostomy or colostomy

Some diseases, such as bowel cancer, may require the surgical removal of diseased portions of bowel. The bowel may have to be rerouted through an artificially created hole in the abdomen so that faeces can still leave the body. This hole is called a stoma. A colostomy is an operation that connects the colon to the abdominal wall, while an ileostomy connects the last part of the small intestine (ileum) to the abdominal wall. The stoma may be permanent in the case of bowel cancer or serious injury, or it can be a temporary measure while the bowel recovers from events such as infection, inflammation or stab wounds.

Conditions that may require colostomy or ileostomy

Some of the conditions that may require colostomy or ileostomy include:

- Bowel infections
- Bowel inflammation
- Diverticulitis
- Crohn's disease
- Ulcerative colitis
- Blocked bowel
- Bowel cancer
- Familial adenomatous polyposis (a precancerous condition)
- Serious injury to the bowel.

Medical issues to consider

Before undergoing the operation, you will need to discuss a range of issues with your doctor, including:

- Medical history
- Any medications you are taking, including over-the-counter drugs, minerals, vitamins and herbal supplements
- Possible risks and complications of the operation
- Any concerns you have regarding body image, cleanliness and sexuality.

Operation procedure

Colostomy and ileostomy share similar surgical characteristics. These include:

- Except in cases of emergency surgery, the bowel is prepared by undergoing a liquid diet and taking special cleansing and antibiotic medications.
- The patient is put under general anaesthetic.
- The surgeon marks the point on the abdomen for the intended stoma. A common location is the lower right hand side of the abdomen.
- The abdomen is opened up.
- The diseased portion of bowel is removed. The healthy portion is then pulled out through a small incision in the abdomen (stoma).
- The healthy bowel portion is sewn to the stoma.
- A plastic bag is glued over the stoma to collect waste.
- The large abdominal incision is closed with stitches.

Immediately after the operation

After the operation you can expect:

- You have an intravenous infusion into your arm for a few days.
- You probably have a small tube going down into your stomach. This tube is used to suck out your stomach contents so that your intestines can rest and recover after surgery.
- For the first few days the dressing on your wound is changed frequently to help keep the wound clean and avoid contamination.
- Once the tube into your stomach is removed, you are started on a light diet.
- The nurses encourage you to get out of bed and move around.
- You will soon start to pass faeces through your stoma. You will have had a lightweight bag placed over the stoma to collect the faeces. Initially, your bag is changed by nurses or a stomatherapist. They will show you how to do this yourself.
- Your sutures may be removed in five to six days.
- After a few days, you will be able to get into a bath with a bag over the stoma if the wound hasn't yet healed. If the wound has healed, you may get into a bath without covering the stoma.
- You may spend around one week in hospital.

Possible complications

Some of the possible complications may include:

- Excessive bleeding (haemorrhage)
- Infection
- Allergic reaction to surgical medications, such as anaesthesia
- A portion of bowel protruding through the stoma (incisional hernia)
- Diarrhoea
- Dehydration
- Narrowing of the stoma
- Difficulties in passing faeces through the stoma and into the bag
- Blockage of the stoma caused by scar tissue
- Impacted faeces
- Skin complaints caused by contact with faeces around the stoma
- Kidney stones
- Gallstones.

Taking care of yourself at home

Be guided by your doctor or surgeon but general suggestions include:

- A stomatherapist will advise you about all the different types of colostomy bags, skin sealants, skin barriers and powders you need to use.
- It is important to keep the skin surrounding the stoma scrupulously clean.
- You may need to occasionally irrigate the stoma with water to help prevent constipation. Your stomatherapist will advise you.
- Ways to reduce gas formation and excessive odours include eating small, frequent meals; limiting foods such as cabbage, onions, beans and fizzy drinks; and avoidance of activities that encourage air to be swallowed, such as gum chewing, drinking through a straw and smoking.
- Charcoal tablets or anti-flatulent preparations may help to reduce odour.
- Limit intake of foods that have strong odours, such as onions, fish, eggs, cheese and asparagus.
- Eat a low-residue diet for the first couple of months to reduce the strain on your bowels and stoma.
- It might be a good idea to avoid certain foods, such as popcorn or celery seeds.
- Once you have fully recovered (usually around three months after surgery), there are no restrictions on your diet.

Long term outlook

If the stoma is only temporary, a subsequent operation will be needed to reattach the bowel so faeces can once again be passed through the anus. If permanent, the stoma is checked some three weeks later (or when the swelling has subsided) to make sure it has an appropriate diameter. The bags must be changed frequently. The person has no voluntary control over the movement of their faeces, which is also likely to be thin and watery. Many people appreciate the support and understanding offered by stoma associations. These groups can advise on important issues such as clothing concerns, body image and sexuality.

Other forms of treatment

Occasionally, it may be possible to create an internal waste reservoir. This is called a 'continent ileostomy' or Kock pouch. The faeces doesn't empty into a bag worn on the outside of the body but pools within looped portions of healthy bowel. The patient drains the reservoir by special tube a few times per day. Alternatively, it may be possible to perform a 'pull-through' operation. This means the diseased portion of bowel is removed and an artificial rectum is created using the lowest part of the bowel (ileum). The ileum is attached directly to the anus, allowing the person to pass faeces through their anus in the regular way. These alternatives to traditional surgery are not suitable for certain patients, such as those with Crohn's disease or rectal cancer.

Where to get help

- Your doctor
- Australian Council of Stoma Associations (ACSA) Tel. (03) 9508 1879
- Young Ostomy United (YOU) Tel. (03) 9219 8597

Things to remember

- Some diseases, such as cancer, necessitate the surgical removal of diseased portions of bowel.
- The bowel may have to be rerouted through an artificially created hole (stoma) in the abdomen so that faeces can still leave the body.
- A colostomy is an operation that connects the colon to the abdominal wall, while an ileostomy connects the last part of the small intestine (ileum) to the abdominal wall.

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