Some diseases, such as cancer, require 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.

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.

Issues to consider with colostomy or ileostomy

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.

Colostomy and ileostomy 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 person is given a 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 attached 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 will 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 will 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.

Complications with colostomy and ileostomy

Some of the possible complications may include:

• excessive bleeding (haemorrhage)
• infection
• allergic reaction to surgical medication, 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.
• 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 after colostomy and ileostomy

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 surgery for a diseased bowel

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 person 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, require 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.

References

• Alternatives to the standard ileostomy [online], Crohn’s and Colitis Foundation of America, New York, USA. More information here.

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Digestive system

The following content is displayed as Tabs. Once you have activated a link navigate to the end of the list to view its associated content. The activated link is defined as Active Tab

- Digestive system explained
- Oesophagus
- Stomach
- Small intestine
- Large intestine
- Rectum
- Liver and gallbladder
- Pancreas

Digestive system explained

- Barium tests
  Barium tests are used to examine conditions of the digestive tract such as reflux, narrowing or ulceration.

- Digestive system explained
  The digestive tract can be thought of as a long muscular tube with digestive organs attached along the way.

- Fibre in food
  A diet high in fibre keeps the digestive system healthy.

Oesophagus

- Barrett's oesophagus
  Symptoms of Barrett's oesophagus are similar to regular heartburn, which means many people don't seek treatment until their condition is quite advanced.

- Digestive tract birth defects
  Too much amniotic fluid surrounding the baby during pregnancy (polyhydramnios) may indicate the presence of defects of the digestive tract.

- Hiccups
  Hiccups that last for days, weeks or even years may be symptomatic of underlying disease.

- Indigestion
  Food inside the stomach is only kept there by the force of gravity so to avoid heartburn, don't lie down after a big meal.

- Throat cancer
  Risk factors for throat cancer include smoking and heavy alcohol consumption.

Stomach

- Abdominal pain in children
  Children may feel stomach pain for a range of reasons and may need treatment.

- Gastritis
  Gastritis may be caused by many factors including infection, alcohol, particular medications and some allergic and immune conditions.

- Hernias
  Both reducible and non-reducible hernias need to be surgically repaired - this is a common operation.

- Peritonitis
  Peritonitis is a life-threatening emergency that needs prompt medical treatment.

- Stomach cancer
  The symptoms of stomach cancer are usually vague and can be common to other medical conditions.

- Stomach ulcer
  Most stomach ulcers are caused by infection or medication, not stress or poor diet.

Small intestine

- Coeliac disease and gluten sensitivity
Coeliac disease is an immune disease caused by gluten.

- Crohn's disease and ulcerative colitis
  When people with inflammatory bowel disease are not experiencing a flare-up of their illness, they feel quite well and are often free of symptoms.

- Gastroenteritis
  It is important to establish the cause of gastro, as different types of gastroenteritis respond to different treatments.

- Gastroenteritis - amoebiasis
  Amoebiasis can cause diarrhoea among travellers to developing countries.

- Gastroenteritis - campylobacteriosis
  Campylobacteriosis is a type of gastroenteritis and is more common in children under five years of age and young adults.

- Gastroenteritis - cryptosporidiosis
  Outbreaks of cryptosporidiosis have been associated with child care centres, public swimming pools and contaminated water supplies.

- Gastroenteritis - giardiasis
  Most people infected with Giardia parasites do not develop symptoms but can still spread the infection to others.

- Gastroenteritis in children
  Gastroenteritis or Gastro can be dangerous for very young babies. Gastro is common in young children and spreads easily. Gastro is a bowel infection which causes diarrhoea (runny or watery poo) and...

- Gastroenteritis - salmonellosis
  You may be more prone to salmonellosis if you are elderly, have another medical condition (such as a weakened immune system) or are malnourished.

- Gastroenteritis - shigellosis
  Outbreaks of shigella gastroenteritis can occur in institutional settings, particularly where children are still in nappies or adults are incontinent.

- Irritable bowel syndrome (IBS)
  Irritable bowel syndrome can't be cured with medications or special diets but avoiding individual triggers can help prevent it.

- Pets – safe handling of reptiles and tropical fish
  People in contact with tropical fish and reptiles such as turtles, lizards and snakes may be at risk of infections and illness due to germs (such as bacteria, viruses and parasites) carried on the...

- Rotavirus
  Rotavirus is a common cause of viral gastroenteritis for Australian babies and preschool children.

- Traveller's diarrhoea
  The risk of traveller's diarrhoea is higher where sanitation and hygiene standards are poor.

**Large intestine**

- Appendicitis
  Anyone of any age can be struck by appendicitis, but it seems to be more common during childhood and adolescence.

- Botulism
  Botulism is considered a medical emergency. If untreated, it may cause death.

- Bowel cancer
  Bowel cancer is highly curable if found at an early stage.

- Bowel motions
  Many illnesses and events can affect the colour and texture of faeces.

- Collagenous colitis and lymphocytic colitis
  Collagenous colitis and lymphocytic colitis are types of inflammatory bowel disease (IBD).

- Constipation
  Most cases of constipation are treated by eating a diet high in fibre, drinking more fluids, and exercising daily.
**Constipation and children**

A healthy diet, plenty of fluids, exercise and regular toilet habits can help relieve constipation in children...

**Diarrhoea**

Acute diarrhoea in babies and young children can be life threatening...

**Flatulence**

Foods that tend to trigger flatulence also contain essential nutrients and shouldn't be eliminated...

**Incontinence and continence problems**

Many things can be done to manage, treat and sometimes cure incontinence and continence problems...

**Incontinence - prevention tips**

Incontinence can be prevented in most cases...

**Irritable bowel syndrome (IBS)**

Irritable bowel syndrome can't be cured with medications or special diets but avoiding individual triggers can help prevent it...

**Pinworms**

Despite the unsavoury reputation, a pinworm infection (worms) is relatively harmless and easily treated...

**Polyps**

Nasal polyps can sometimes interfere with breathing...

**Short bowel syndrome**

A person with short bowel syndrome is likely to be deficient in a range of important nutrients...

**Slow transit constipation**

A newborn with slow transit constipation may not pass meconium until 24 hours or more after being born...

**Stoma after ileostomy or colostomy**

A stoma is an artificially created hole (stoma) in the abdomen so that faeces can still leave the body...

**Tapeworms and hydatid disease**

It's important for your own health to control tapeworm infection in your dog...

**Rectum**

- **Anal fissure**
  
  Around half of cases of anal fissures heal by themselves with proper self-care and avoidance of constipation...

- **Haemorrhoids**
  
  A diet high in fibre can both treat and prevent haemorrhoids...

- **Rectal cancer**
  
  If treated in its earliest stages, rectal cancer is highly curable...

- **Rectal prolapse**
  
  Rectal prolapse occurs when the rectum turns itself inside out and comes out through the anus...

- **Rectocele**
  
  A rectocele is when the rectum protrudes into the vagina...

**Liver and gallbladder**

- **Cirrhosis of the liver**
  
  Cirrhosis is a type of liver damage where healthy cells are replaced by scar tissue...

- **Gallbladder - gallstones and surgery**
  
  Medical treatment for gallstones may not be necessary unless the gallstones cause symptoms...

- **Gilbert's syndrome**

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*betterhealth.vic.gov.au*
Gilbert's syndrome and hepatitis both cause jaundice but are not related...

- **Hepatitis**

  Hepatitis is an umbrella term for several diseases that affect the liver...

- **Hepatitis A**

  Immunisation is the best protection against hepatitis A infection and it is recommended for people in high-risk groups...

- **Hepatitis B**

  Hepatitis B is a viral infection that affects the liver and can lead to serious illness or death...

  Immunisation against hepatitis B reduces the risk of infection in babies...

- **Hepatitis C**

  In Australia, hepatitis C is most often spread through the sharing of unsterile drug injecting equipment. New all oral combination treatment has greatly improved health outcomes for people with...

- **Hepatitis C Cure - what it means for Victorians (video)**

- **Hepatitis C Cure - what it means for Victorians**

- **Jaundice in babies**

  If your baby is full-term and healthy, mild jaundice is nothing to worry about and will resolve by itself within a week or so...

- **Liver**

  Some forms of liver disease are inherited, while others are caused by lifestyle factors...

- **Liver cancer**

  Liver cancer can be a primary cancer that starts in the liver, or a secondary cancer that starts in another part of the body and spreads to the liver...

- **Liver - fatty liver disease**

  The damage caused by fatty liver disease can often be halted or reversed through simple lifestyle changes...

- **New drugs for the treatment of hepatitis C – Frequently Asked Questions for patients**

- **Primary biliary cirrhosis**

  Primary biliary cirrhosis is an autoimmune condition characterised by inflammation and scarring of the bile ducts within the liver...

**Pancreas**

- **Diabetes**

  Diabetes and the build-up of glucose (sugar) in the blood can cause serious complications if left untreated...

- **Diabetes type 1**

  Type 1 diabetes can affect anyone of any age, but is more common in people under 30 years...

- **Diabetes type 2**

  Type 2 diabetes may be prevented, but it cannot be cured...

- **Pancreas**

  The pancreas helps to digest food, particularly protein...

- **Pancreatic cancer**

  The causes of pancreatic cancer are unknown, but smokers are at greater risk...

- **Pancreatitis**

  Pancreatitis is inflammation of the pancreas, which can be either acute or chronic...

Related Information

- **Constipation**

betterhealth.vic.gov.au
Most cases of constipation are treated by eating a diet high in fibre, drinking more fluids, and exercising daily...

- **Bowel motions**

  Many illnesses and events can affect the colour and texture of faeces...

- **Appendicitis**

  Anyone of any age can be struck by appendicitis, but it seems to be more common during childhood and adolescence...

- **Diverticulosis and diverticulitis**

  Diverticulosis and diverticulitis relate to the formation or infection of abnormal pouches in the bowel wall...

- **Flatulence**

  Foods that tend to trigger flatulence also contain essential nutrients and shouldn't be eliminated...

**Related information on other websites**

- Australian Council of Stoma Associations (ACSA)

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Page content currently being reviewed.

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