Reversal of Loop Ileostomy (stoma) after an Anterior Resection (1 of 2)

What is a loop ileostomy?

A loop ileostomy is created when a loop of small bowel (ileum) is brought out onto the abdomen on the right hand side. This is to allow the large bowel (colon) to heal after the bowel has been joined together (anastamosed) after an anterior resection. This is usually a temporary stoma.

When can a loop ileostomy be reversed?

A loop ileostomy is usually reversed 6 weeks after the original operation. However, this may depend on the reason for the first operation. If it was performed for cancer, further treatments such as chemotherapy, may delay the reversal or you may request that is delayed to give time to recover from your surgery. Before the reversal a water soluble enema is given to you in the x-ray department. The consultant will look at the x-rays taken during the enema and if the anastamosis has healed the reversal can go ahead. You may have already discussed and planned a date for this operation before leaving hospital for the initial treatment.

How is the operation done?

Unlike the initial operation there is no need for any bowel preparation, having nothing to eat or drink for 6 hours before the operation is all that is required.

The operation is performed under a general anaesthetic.

The reversal of a loop ileostomy is usually carried out by making a small incision (cut) around the stoma. The stoma is gently pulled up through the opening. The hole in the bowel is stitched together, replaced through the incision in the abdomen. Sometimes the skin is stitched together leaving a small scar, or the wound can be left open and a small dressing put on it. This may need a further dressing by your District Nurse/Practice Nurse. It will be discussed with you before you leave the hospital.

Generally patients stay in hospital for 1-3 days afterwards depending on how long the bowel takes to pass wind/stool and you have bowel control.

What are the risks of the operation?

Sometimes the wound from the closed ileostomy site may become infected, causing pain, redness and a temperature. This infection is
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usually minor and can be successfully treated at home by your GP and practice nurse with antibiotics and dressings.

Rarely, the new anastomosed (joined together) bowel may leak causing pain, discomfort and a discharge of pus from your bottom. If this happens a temperature is likely. Further x-rays and tests will be organised by your consultant and further surgery may be necessary.

**What is the benefit of the operation?**

The ileostomy reversal means that the bowel has been joined back together and therefore you will be able to have your bowels open as you did before your first operation.

**What can I expect afterwards?**

It will take time for the bowel to return to ‘normal’. The bowel may act more frequently and control can sometimes take weeks or even months to return. You may need to take some medication to help with bowel control, for example a tablet called loperimide.

**Useful hints and tips after ileostomy reversal**

- Frequent visits to the toilet may result in a sore bottom, daily baths/showers will help.
- Using a barrier cream such as Drapolene or Sudocream may help and can be applied after each bowel motion.
- Moist toilet tissue or wet wipes may be more soothing than dry toilet paper.
- Continue to drink 1.5 litres of fluid a day.
- Slowly add high fibre foods back into your diet.
- Do not get constipated.

**Pelvic floor exercises**

Pelvic floor exercises can also help to regain continence but need to practiced at least 5 times a day and long term to be of benefit.

- Get yourself comfortable, sitting or lying. This can be in front of the TV or even on a bus!
- Without moving your abdominal muscles squeeze the muscle around the back passage. Pretend you are trying to stop passing wind.
- Count slowly to 5. Relax for a minute. Repeat 5 times.

**Please remember**

Because a section of bowel was removed at your first operation, when the bowel is put back together again, your bowel movements will be erratic and will never be the same as it was before the operation.

**Further information**

[www.iasupport.org](http://www.iasupport.org) The ileostomy and internal pouch support group.

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