Why do I need this operation?

Your consultant has recommended an operation to remove part of your bowel to treat inflammatory bowel disease.

What does the operation involve?

- the large bowel (colon) will be removed either by laparoscopic (keyhole) surgery using a few small incisions and one slightly larger incision (to remove the piece of bowel), or by an ‘open’ operation where one long incision (cut) will be made in your abdomen (tummy).

- after removing the colon the surgeon will form a stoma (called an ileostomy), which your stoma care nurse will explain more about. A stoma is a surgically created opening on the abdomen which allows stool (poo) to leave the body.

- the other end of your bowel, which connects to your proximal rectum (bottom), will be secured inside your abdomen. This may pass old blood and mucus initially then clear mucus occasionally. This part of the bowel will be examined every year and the consultant will discuss the removal of this or other operation choices at a later date.

- the site for the ileostomy will be marked by the stoma care nurse before your operation. It will be on the right side of your abdomen.

- the practical care of the ileostomy will be taught to you by the stoma care nurse and ward nurse whilst in hospital. The stoma care nurse will continue to support you as an outpatient.

You will probably be in hospital for 5 days.

Before you come into hospital

The colorectal surgeon will see you and your family and explain the operation and care required afterwards.

You will be given plenty of opportunity to ask questions. If you think you might forget the questions that you want to ask it is a good idea to write them down before coming to the appointment.

The colorectal surgeon will ask the stoma care nurse to talk to you and she will give you written and practical information about the ileostomy. The stoma care nurse will be able to answer your questions and offer you...
continuing support after your operation.

You will normally be asked to attend a pre-admission appointment the week before your operation. At this appointment you will probably have a medical examination and your blood pressure and weight will be measured. You will also have blood tests and any other tests that are needed.

The stoma care department will contact you by letter or phone to come to an appointment. This may be on the same afternoon as your pre-admission appointment. Before you come for this appointment you may be sent or given a booklet to read about having and living with an ileostomy. It would be helpful if you could read this before you come as it will help to answer any questions you have.

Here you will have an opportunity to discuss with the stoma nurse:

- any questions you might have from reading the leaflet about the operation and aftercare.
- learn about the ileostomy.
- how to empty and change a stoma pouch.
- where to get your ileostomy supplies when leaving hospital and after.
- the position of the ileostomy on your abdomen.
- involvement of relative or carer to help at home after surgery.
- her role whilst you are in hospital and future support.
- foods that may be best avoided or eaten in small quantities.
- clothing, hobbies, sexual activity, driving, travel and returning to work.

### Additional information and support

**IA support**

www.iasupport.org

IA is a national support group run by and for people with ileostomies and internal pouches. The aim of the group is to help people who have had their colon removed return to a full and active life as soon as possible after surgery.

**The Wessex Stoma Support Group**

www.wessex-stoma.co.uk

This is a local support group in Salisbury that meets regularly and offers regular support meetings and social activities and functions.

**Stoma Care Clinical Nurse Specialists**

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