



611 West Francis St. Suite 100
North Platte, NE 69101
Phone: (308) 534-2532
Fax: (308) 534-6615

Education

Colostomy and Ileostomy

What is a colostomy or ileostomy?

Sometimes treatment for certain bowel diseases, such as cancer or Crohn's disease, requires removal of all or part of the large intestine, or bowel. When all of the large bowel--that is, the colon, rectum, and anus--is removed, the body needs a new way for stool to leave the body, so the surgeon makes an opening in the abdomen for the small intestine to pass through. The opening is called a stoma, and the procedure is called an ileostomy because the part of the small intestine coming through the wall of the abdomen is called the ileum. If part of the colon is left in the body, the colon is brought through the abdominal wall in a procedure called a colostomy. In either case, your bowel movements pass through the new opening instead of through the rectum. The bowel movements are collected in a disposable bag outside the body.

When are they used?

If the anus has to be removed with other parts of the large intestine, such as for cancer, a colostomy or ileostomy is the new, permanent way for stool to leave the body. If the anus does not need to be removed, it may be possible to reconnect the bowel to it after the current problem has gotten better. This is usually the case when an emergency operation is done for a tear in the bowel (called bowel perforation or rupture). In such cases the colostomy or ileostomy may be temporary. It may be done to give the colon time to heal.

An ileostomy or colostomy may be part of the surgical treatment for common conditions affecting the intestine such as:

- inflammatory bowel disease, such as ulcerative colitis
- cancer
- a blockage in the intestine
- a tear in the bowel caused by diverticulitis.

Other less common reasons for these procedures are:

- a bowel injury
- a pocket of pus (abscess) in the intestine
- a birth defect.

How do I prepare for the procedure?

Your health care provider will explain the surgery and how it will affect bowel movements. Most hospitals have specially trained staff members to teach you what you need to know for self-care. They can help plan where the ostomy will be done by placing a bag on your abdominal wall several days before surgery to find the best spot. You may want to have family members learn about your care so they can help you at first and give you support and encouragement. This lifesaving, body-altering procedure can affect people in different ways. Understanding how to care for the stoma is the first step to help you deal with your concerns.

Follow your health care provider's instructions about not smoking before and after the procedure. Smokers heal more slowly after surgery. They are also more likely to have breathing problems during surgery. For this reason, if you are a smoker, you should quit at least 2 weeks before the procedure. It is best to quit 6 to 8 weeks before surgery. Also, your wounds will heal much better if you do not smoke after the surgery.

If you need a minor pain reliever in the week before surgery, choose acetaminophen rather than aspirin, ibuprofen, or naproxen. This helps avoid extra bleeding during surgery. If you are taking daily aspirin for a medical condition, ask your provider if you need to stop taking it before your surgery.

Your provider will give you instructions on how to make your intestines clean for surgery. This bowel preparation usually consists of taking medicines the day before surgery that will make your bowels loose. You may be told not to eat anything and to drink only clear liquids the day before surgery. You may be given antibiotics to prevent infection.

What happens during the procedure?

You are given a general anesthetic to relax your muscles and put you in a deep sleep. It will prevent you from feeling pain during the operation.

During the procedure, the surgeon will make a cut (incision) through your abdomen. The surgeon will cut your intestine and attach the loose end to the new opening in your abdomen. A bag will be attached to the opening to collect bowel movements. Then the surgeon will take out the part of the intestine that is not healthy.

What happens after the procedure?

After surgery you will be given intravenous (IV) fluids. You will feel pain from the cut in your abdomen and the drainage tubes. This can be helped with pain medicine and will go away in several days.

At first your diet will be limited to clear liquids. You will then slowly start eating regular food.

At first, your bag will be changed by nurses or a stomatherapist. They will show you how to do this yourself. You will also learn how to clean and care for the stoma. The bag usually needs to be changed every 3 to 5 days.

You can go on with your normal lifestyle (including sexual activity) with some adjustments. For example:

- Chew foods well and drink plenty of fluids. You may want to limit foods that can cause gas and odors, such as cabbage, onions, beans, and fizzy drinks.
- Avoid heavy lifting and contact sports to prevent injury to the stoma.
- Prevent odor by cleaning the appliance well and using a bag deodorant.
- Use a room deodorizer if necessary.
- Empty the bag when it begins to fill to prevent leaking around the seal.
- Do not wear tight clothing over the stoma and bag.

What are the benefits and risks?

This procedure lets you eat normally and allows the surgeon to remove or revise structures to give the healthiest outcome. It can reduce pain and symptoms as well as lessen long-term problems.

As with any surgery there is a risk with general anesthesia. Also, there is always a risk of an infection at the site of the surgery. Other risks include the possibility of internal bleeding or narrowing of the stoma. Scar tissue called adhesions may form in the abdomen and cause a blockage in the bowel.

When should I call my health care provider?

Call your provider if:

- You develop a fever over 100°F (37.8°C).
- You have any change or worsening of pain or symptoms.
- You have unusual drainage from the surgery area (including bloody drainage).
- You see blood in your stool.

Call during office hours if:

- You have questions about the procedure or its results.
- You want to make another appointment.

For more information, contact:

The United Ostomy Associations of America
Phone: (800) 826-0826
Web site: <http://www.uoaa.org>.

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