

Reversal of Stoma (ileostomy or colostomy)

What to expect afterwards:

The colon re-absorbs water into the tissues as the watery faeces progresses along the colon. Therefore if your colon has been shortened (from your original surgery), there is less time for this water to be reabsorbed so your faeces will be looser.

How might this affect your bowel habit?

This depends on which part of your bowel was affected, and the type of surgery you had at the time. Scar tissue and changes to the shape of the bowel will alter how it is able to work for the first few weeks after surgery (or even months in some cases). Looser bowel motions and wind can cause problems with a feeling of urgency to 'go' quickly. Occasionally, problems with leakage can become an issue for some people, especially in the beginning, until they adapt and find a new routine or the bowel action returns to normal.

The Operation:

The reversal operation technique and the possible risks will have been explained to you by your specialist. You will need to have an xray prior to this surgery, called a contrast study, or gastrograffin enema, to ensure that the surgical joins in the bowel have healed.

The 'closure' operation involves freeing the stoma from the abdominal wall and rejoining it to the other end of the bowel so that faeces can pass normally through the gut and out through the anus. You will be in hospital for five or more days, until the bowel function is working smoothly and your wounds and comfort levels are satisfactory.

Risks and side effects:

No surgery is entirely without risk, however specific problems that can arise include:

Ileus – a temporary 'shock' reaction to the surgery and some medicines. The bowel becomes paralysed or is slow to start working again. The treatment is just to rest it, by not eating or drinking until you start to pass wind again. You may need an intravenous drip to make sure you don't become dehydrated during this time.

Bowel obstruction – a blockage of the bowel or problems with adhesions (bands of tight scar tissue) causing narrowing or constriction of the bowel.

Anastomotic leak – where the newly joined ends of bowel don't heal properly, causing a leak from the bowel into the abdomen. This can be caused by infection, or by poor blood supply to the bowel tissue at the join. It can often be treated using antibiotics, but in some cases may need another operation to repair it.

Post-op recovery:

You should avoid all heavy lifting or physical work for 8 weeks post-operatively and be aware that pressure on the abdominal muscles could cause an incisional abdominal hernia to develop in the future. It may take a few weeks for your bowel function to return to normal. Follow a good nutritious diet and fluids, and modify the amount of fibre you need with how your bowel functions (with more or less).

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