

## Temporary Colostomy/Ileostomy

Due to the nature of your large bowel resection it may be necessary to give the remaining bowel time to heal. In this case a temporary ostomy (opening) may be created, to divert faeces (waste) through to the abdominal wall (stoma), and this is collected into a bag attached to the skin surface on the abdomen. The expectation is that in due course, the ostomy will be 'reversed' or closed and normal bowel function restored.

Prior to surgery you will need to be assessed by specialist nurses who will provide education about ostomies, and also will 'site' the area on the abdomen where the stoma will be formed. They will mark the area on your abdomen, taking in to account your habitus, your waistline etc, so that the bag will sit comfortably for the time it is required.

Whilst in hospital, and in the days following discharge from hospital you will be supported by specialist nurses who will assist as you learn to manage your ostomy cares independently.

After a period of time when the surgeon is satisfied that the treatment has been effective, that the wounds (internal and external) have healed properly and that the bowel is ready to resume normal activity, your temporary colostomy/ileostomy can be closed.

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.

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