

A Patient's Guide to Ostomy Reversal

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The information in this document is intended solely for the person to whom it was given by the health care team.

This material has been reviewed and approved by patients, families and staff.



A Patient's Guide to Ostomy Reversal

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References available upon request.

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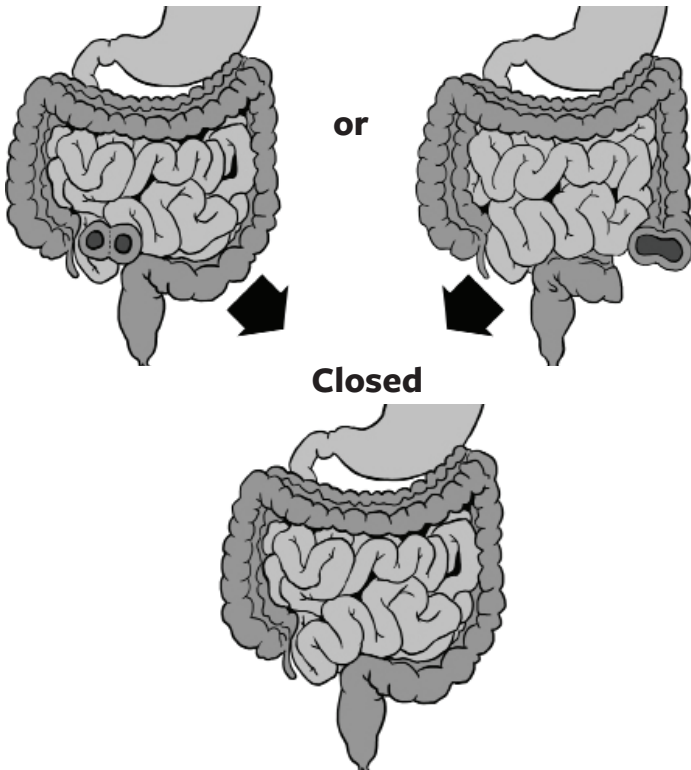
Introduction

Your doctor and you have decided that it is now time for you to have your stoma reversed. The information in this booklet will provide you with tools to help you manage after your stoma reversal surgery. Remember, every person and every treatment plan is unique. Your post-operative journey may be different from others. You may experience none, some or all of the symptoms outlined.

The operation will take between 1 to 3 hours and you will probably be in the hospital for 2 to 5 days. After the operation, your bowel will need some time to recover. You should expect to have some changes with your bowel movements. These changes can last for a few days to weeks or possibly even months after surgery. You may return to your previous bowel pattern or you may have a new bowel pattern.

Loop Ileostomy

Colostomy



Factors affecting return to normal bowel function:

Length of colon (large bowel): Your colon absorbs water from your stool. The more of your colon that has been removed, the more it may affect your bowel patterns. If a large section of the colon has been removed, your bowel movements may be more liquid.

Chemotherapy and Radiation: Treatments such as chemotherapy and radiation to the pelvis can delay the return to “normal” bowel function. The damage from these treatments may make your bowel movements painful.

Location of the Reconnection: The surgeons may have reconnected your bowel low in your rectal area. The rectum acts as a reservoir or “holding area” for your stool. When part of the rectum is removed or surgery has occurred in this area, you will need to adapt to a smaller reservoir.

Weak Pelvic Floor Muscles: Weak pelvic floor muscles or a weak anal sphincter also affect bowel function. Your pelvic floor muscles may be weak from before surgery or they may have become weak while you had your ostomy and were not using these muscles. There are exercises that can be done to strengthen these muscles. See page 10 for pelvic floor exercises. Pilates and yoga can also help increase your pelvic floor strength.

What to Expect When Going Home

What should I eat and drink when I go home?

What you eat will change your bowel movements. Eat 4 to 5 smaller meals rather than 3 large meals in the first week. Smaller meals are easier to digest and eating more frequently will make sure you get all the nutrients you need. During this period it is best NOT to eat foods which can upset your bowel such as:

- Acidic or citrus fruits, e.g. grapefruit, orange, strawberry, grapes
- Highly spiced foods, e.g. curry, chili
- Fatty food, e.g. fries, gravy
- Vegetables that cause gas, e.g. cabbage, brussel sprouts, and onions
- Large amounts of alcohol or carbonated drinks

When you begin to have more control over your bowel movements, you can slowly go back to eating the foods you liked before surgery. If you eat food that upsets your bowels, wait 2 to 3 weeks before trying them again.

When will I get back to my normal bowel routines?

It may take a few weeks for your body to adjust and have “routine” bowel movements. In these first few weeks you may experience:

- Constipation or hard stool
- Leakage of stool
- Watery bowel movements (stool)
- Many smaller bowel movements
- Trouble knowing if you have to pass gas or stool
- Urgency to rush to the bathroom
- The need to get up at night and have a bowel movement

Constipation or Hard Stool

Constipation can be caused by your pain medication, especially if you are taking opioids/strong pain medication such as Tylenol #3.

To prevent constipation, drink at least 8 to 12 glasses of water each day (1 glass equals 250 mL) unless your doctor has told you to limit your fluid intake because of a medical condition. Keep active with light exercises such as going for a walk every day.

To treat constipation, talk to your pharmacist about a mild laxative or stool softener. Check with a doctor before using an enema or suppository.

Diarrhea or Watery Stool

In the first few weeks after surgery, you may have more bowel movements per day than what you had prior to surgery, however persistent severe diarrhea is not normal.

Call your doctor or nurse practitioner if you are having more than 10 watery bowel movements per day. Your doctor may order medication such as Imodium (loperamide) or Lomotil to slow down your bowel movements.

What to Eat and drink when I have diarrhea or watery stool?

Drink 8 to 12 glasses (1 glass = 250 ml) of fluid each day to prevent dehydration, unless your doctor or dietitian has told you to limit how much you drink.

Suggested fluids to drink are:

- Water
- Milk
- Broth
- Diluted juice (1:1 with water)
- Decaffeinated tea or coffee
- Unsweetened coconut water

- Electrolyte drinks such as pedialyte. Avoid sports drinks (e.g. Gatorade) due to the high sugar content

Suggested foods to make stool thicker:

- Mashed potatoes
- bananas,
- White rice
- pasta
- apple sauce
- smooth peanut butter
- cheese
- yogurt

Things to avoid as they can increase the chance of diarrhea:

- Alcohol
- Spicy or fatty foods
- Too many fruits and vegetables
- Food sweetened with sorbitol (artificial sweetener used in sugar free foods and drinks)

If you continue to have difficulties, consider visiting a dietitian.

What should I do if I have Stool Leakage?

You may initially have some stool leakage/ incontinence until your bowel patterns have stabilized. Stool leakage may be caused by watery stool or because your rectum and pelvic floor muscles are weak.

- 1. Clean your skin:** Gently wipe the skin around your anus with a no-rinse cleanser on toilet paper, a soft cloth with warm water, or use disposable wipes. Always pat your skin dry.
- 2. Protect your skin:** After you clean and dry your skin, apply a barrier cream containing silicone or zinc to the skin around the anus. If the skin continues to be sore, call your community health nurse, doctor or nurse practitioner for help.
- 3. Protect your clothing:** You can use incontinence pads or briefs until your bowel patterns have stabilized. They can be purchased from most drug/ grocery stores and medical supply stores.
- 4. Strengthen your pelvic floor muscles:** Weak rectal and pelvic floor muscles can allow for stool to leak out. Strong pelvic floor muscles will help you to hold your stool until you get to the toilet. See page 10 to learn about pelvic floor exercises.

Ostomy Site Closure

After your bowel is reconnected, the surgeon will attempt to close the skin where your stoma had been located using sutures or staples. Sometimes the skin cannot be completely closed.

The nurses will ensure you know how to take care of your dressings before you leave the hospital. They will also provide you with some dressings and may refer you to the community nurses for follow up.

Dressing Changes

Before you go home, the hospital will arrange community nursing (Transitional Services Team) if you need dressing changes.

The community nurse will check your incision/ wound and change your dressing/ teach you how to do it yourself. If this does not happen you can see your doctor for a referral or call your Health Authority Home and Community Central Intake.

Vancouver Coastal Health: 604-263-7377

Fraser Health: 1-855-412-2121

Shower/Bath

As long as your incision is closed and healing well, you may have a shower 2 to 3 days after surgery but do not soak in a bath tub. After a shower, pat the incision dry with a clean towel. If a community health nurse has been arranged to change your dressing, have your shower just before your appointment with the nurse.

Once the incision is fully healed and the staples have been removed, you may soak in a bath tub, hot tub or swim.

If you have an open wound (no staples or sutures) that requires community nursing, do not allow the dressing to become wet unless directed by the community nurse. Depending on the dressing you may or may not be able to have a full shower.

Rest

When you get home you may be surprised by how tired you feel. This is a normal feeling. During this time it is important to rest for your recovery. Your body does its healing when you are resting. Your energy level will improve over the next few weeks.

Try to get at least 8 hours of sleep each night. Take naps or rest breaks frequently during the day.

Exercise

Exercise helps build your strength, improves your circulation, and generally makes you feel better. Increase your activity slowly so you do not tire yourself out.

For the first 4 to 6 weeks after your surgery:

- **Do not** lift, push, or pull anything over 4 to 5 kg (10 pounds). This includes carrying children and groceries.
- **Do not** do any activities that pull on your incision and abdominal muscles such as vacuuming, raking, painting walls, or reaching for things in high places.

General guidelines:

- Plan your day to allow time for both rest and activity.
- Continue with the deep breathing and coughing exercises you did in the hospital.
- Begin with taking short walks. Gradually increase how far you walk.
- Protect your incision by putting pressure on it with your hand when you sneeze, cough and climb stairs.
- For at least 8 to 12 weeks after surgery:
 - **Do not** do anything that puts extra stress on your stomach muscles such as doing sit-ups.

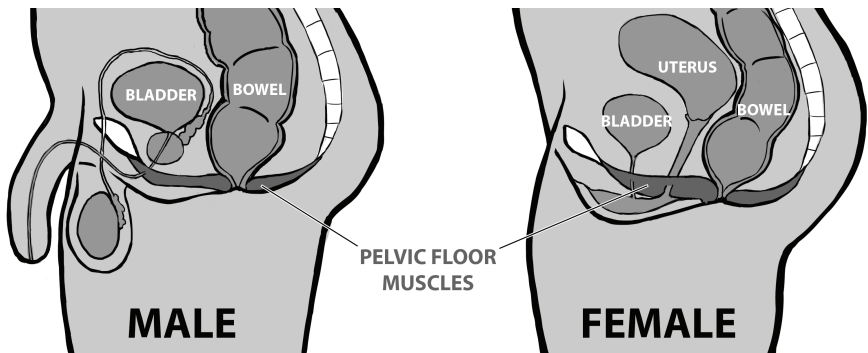
Improve Control of Your Bowels

You need strong pelvic floor muscles to control your bowels. These are the muscles that will help you to hold your stool inside and also help you to empty your bowels when you have a bowel movement. Exercising these muscles before and after surgery will help you learn how to use these muscles properly and keep them strong. If you are concerned about whether or not to do these exercises, talk to your surgeon or a pelvic floor physiotherapist.

Pelvic Floor Exercises (Kegel Exercises)

What are pelvic floor exercises?

Pelvic floor exercises help strengthen the pelvic floor muscles and they help men and women. It is important to strengthen these muscles before surgery so that you will have better control of continence after your final surgery. It is easier to empty your bowels and maintain continence when these muscles are strong.



Where is my pelvic floor?

The pelvic floor is a sling of muscles and ligaments that stretch across the bottom of your pelvis. They are attached to the pubic bone in front, and to the tail bone behind.

The openings that pass through the pelvic floor are:

- Your urethra, the tube that your urine (pee) passes through
- Your anus
- The vagina (women only)

What does my pelvic floor do?

Your pelvic floor:

- Supports the uterus (women only), rectum, bladder and abdominal contents
- Helps control the bladder and bowels by holding urine and stool
- Works together with the muscles of the back and abdominal wall to support the back
- Plays an important role in sexual function and pleasure

Like all muscles, the pelvic floor can weaken. This may happen after pregnancy, childbirth, bladder, prostate surgery or if you have recently had an ostomy. When your pelvic floor muscles are weak, you have less control of your bladder and bowels. This is why it is important to strengthen your muscles by doing pelvic floor exercises.

When should I start my pelvic floor muscle exercises?

It is best to start doing pelvic floor exercises 3-4 months before surgery. Do not worry if you are only getting this information after surgery. After your reversal surgery, talk to your surgeon about when you can begin or resume your pelvic floor exercises.

How to find your pelvic floor muscles:

Start by imagining the sling of the pelvic floor muscles. Follow the diagram on page 11.

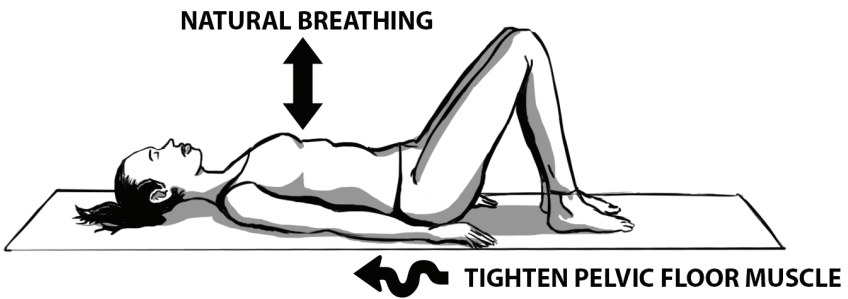
It is incorrect to pull in the belly button towards the backbone and hold your breath which can cause bearing-down on the pelvic floor.

If you are having trouble finding your pelvic floor muscles, consult a pelvic floor physiotherapist (see page 14).

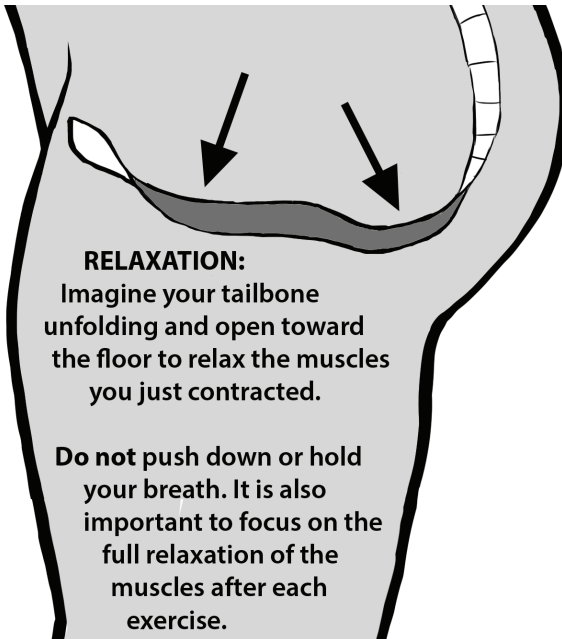
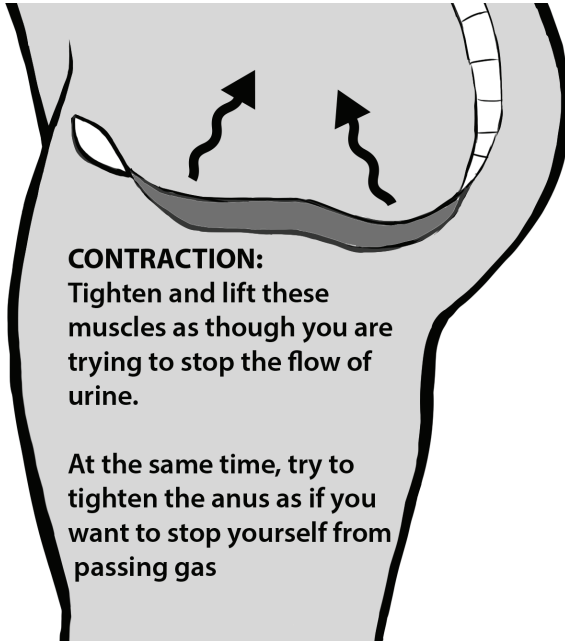
How to begin your exercises

Once you find your pelvic floor, start doing the exercises (listed below) while lying down. By lying down your muscles do not have to work against gravity. As your strength starts to increase, you can start doing the exercises while you sit or stand. As you tighten the pelvic floor muscles, do not tighten your legs, bum or tummy. Do not push down or hold your breath. It is also important to focus on the full relaxation of the muscles after the contraction.

Continued on page 12



Instructions for pelvic floor exercise



Try to complete both of the following exercises daily.

Slow and sustained: Squeeze and lift your pelvic floor slowly. Hold the contraction for 3 seconds and relax the muscles for 3 seconds. Gradually work up to holding for 10 seconds and relaxing for 10 seconds. Repeat 10 times to make one set. Do a set 6 to 8 times every day.

Quick and short: Squeeze and lift as quickly as possible holding for 1 second and then relax for 1 second. Repeat 10 times. Do 6 to 8 sets every day.

How long does it take to work?

It can take months for these muscles to get stronger. Don't give up. Keep working on strengthening your pelvic floor. This is an exercise you should continue throughout your life. If you want help or you think your symptoms are not getting better, you can see a pelvic floor physiotherapist.

How do I find a pelvic floor physiotherapist?

If you continue to experience leaking or have difficulty locating and exercising these muscles, see a pelvic floor physiotherapist for assessment and treatment. You do not need a referral from a Doctor. There is a listing of physiotherapists at www.bcphysio.org under "Find a Physio." To find a physiotherapist who specializes in pelvic floor select "Advanced Search", type in your preferred location and as the "Area of Practice" choose "Incontinence" (urinary/bowel/ pelvic floor).

The fees charged by physiotherapists vary- ask the therapist about their fee structure and payment options. If you have private insurance you may have coverage (full or partial). Check with your private insurance provider.

**Contact your Surgeon or Family Doctor
if you notice:**

- Your pain gets worse or does not go away with pain medicine
- You have a fever over 38.5° C (101.3° F)
- Your incision becomes red, swollen, or hot to touch
- You notice foul smelling liquid coming from your incision
- You start bleeding from your incision
- You feel sick to your stomach (nauseated) or throw up (vomit)
- You have diarrhea that lasts for more than 2 days
- You have a drain that is accidentally pulled out

If you are not able to contact your surgeon or family doctor, go to the nearest Emergency Department, or call Health Link BC at 8-1-1 to talk to a registered nurse. Be sure to tell them about your recent surgery.

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Notes:



How you want to be treated.

