

When you begin to pass wind and we are satisfied the bowels have started to work again, you will be allowed fluids and light diet usually by the next day and then normal diet soon afterwards.

How long will I be in hospital?

An average stay would be about 2-3 days depending upon your recovery and bowel control.

Will my bowels be 'normal'?

Your bowel action may take some time (weeks or months) to settle down. Many people experience urgency and need to go to the toilet frequently. This may improve during the weeks or months following surgery. Some people who continue to experience problems may find that an alteration in their diet may be of benefit. Certain medicines can be prescribed which can help to improve the symptoms, and as anxiety can influence bowel frequency, relaxation techniques may be helpful. The Colorectal or Stoma Care Nurse will be available for advice.

Will I require a special diet?

As before, there may be some foods, such as, spicy foods, green vegetables or dairy produce which may cause excess wind and looser stools. It may be useful to monitor the effect of certain foods by keeping a diary. It would not be sensible to exclude foods as a well balanced diet is essential for good health.

Are there any medicines, which would help me to manage my bowels?

There are certain medicines which can help thicken the motion or slow down the bowel action. You will need to discuss these with your GP or consultant. Marshmallows have a thickening agent and providing you are not diabetic can be taken as required.

Will I experience pain?

You may experience discomfort similar to a stitch type pain at the site of the closure for some time after surgery. When your bowels start to work again you may experience some windy type of pain.

What could I use if my bottom gets sore with the frequent bowel movements?

You may find washing after a bowel movement helpful in reducing soreness. Use an unperfumed soap such as Johnsons or Simple soap and pat the area dry. Apply a barrier cream to protect your bottom from soreness, such as Sudocrem available from most pharmacies and supermarkets.

When can I go back to work and resume social activities and exercise?

This will depend upon your recovery and bowel management. You will need to refrain from strenuous exercise for around 1-2 months during the healing process. If in doubt, discuss with your GP, consultant or Nurse Specialist.

What follow up care can I expect?

One of the specialist nurses will phone you around a week after you go home. You will be seen in the Outpatient Department by your Consultant or at the colorectal clinic for your follow up care which may include periodic investigations to monitor your progress. However you can contact the Colorectal Nurse Specialist or Stoma Care Nurses for advice at any time.

We do hope you have found this leaflet of benefit.

If you have any comments, please do not hesitate to pass them on to a member of the Team.

For further help or advice, please contact:

Specialist nurses:
Colorectal Care Team
01206 742356

Stoma Care
01206 742009

Verifying your identity

When you attend hospital you will be asked to confirm your first and last names, date of birth, postcode and NHS number if you know it, and to let us know if you have any allergies.

Comments, compliments or complaints about your care

Please raise any concerns in the ward or department you are in. Ask to speak with the ward sister, matron or department manager, as appropriate. If your concerns cannot be resolved or you wish to make a formal complaint, please call PALS (Patient Advice & Liaison Service) on 0800 783 7328, pick up a PALS leaflet or visit www.colchesterhospital.nhs.uk/pals.

Your views

If you or a family member has recently been in Colchester General Hospital, you can tell us about your experience by searching for 'Colchester' on the NHS Choices website (www.nhs.uk), by writing to the address on the front of this leaflet, by emailing your comments to info@colchesterhospital.nhs.uk or by filling in a questionnaire at the hospital.

This leaflet is designed to help you understand closure of a loop ileostomy.

Can everyone have closure of their loop ileostomy?

No, not everyone is able to have closure for a number of reasons:

- residual disease - where perhaps the bowel disease cannot be removed surgically and the stoma is acting as a diversion for bowel contents
- anastomosis (join in the bowel) has not healed properly. In this case it would be unwise to close the stoma
- pre-existing medical condition where a further operation to close the stoma would be life threatening
- infection at the site of the bowel join
- stricture (or narrowing of the join).

What is involved in closure of the ileostomy?

The operation involves opening the abdomen at the site of the ileostomy. The two ends of the loop of bowel are then re-joined and the skin sutured (stitched).

Will I need medicine to clear my bowels as with the first operation?

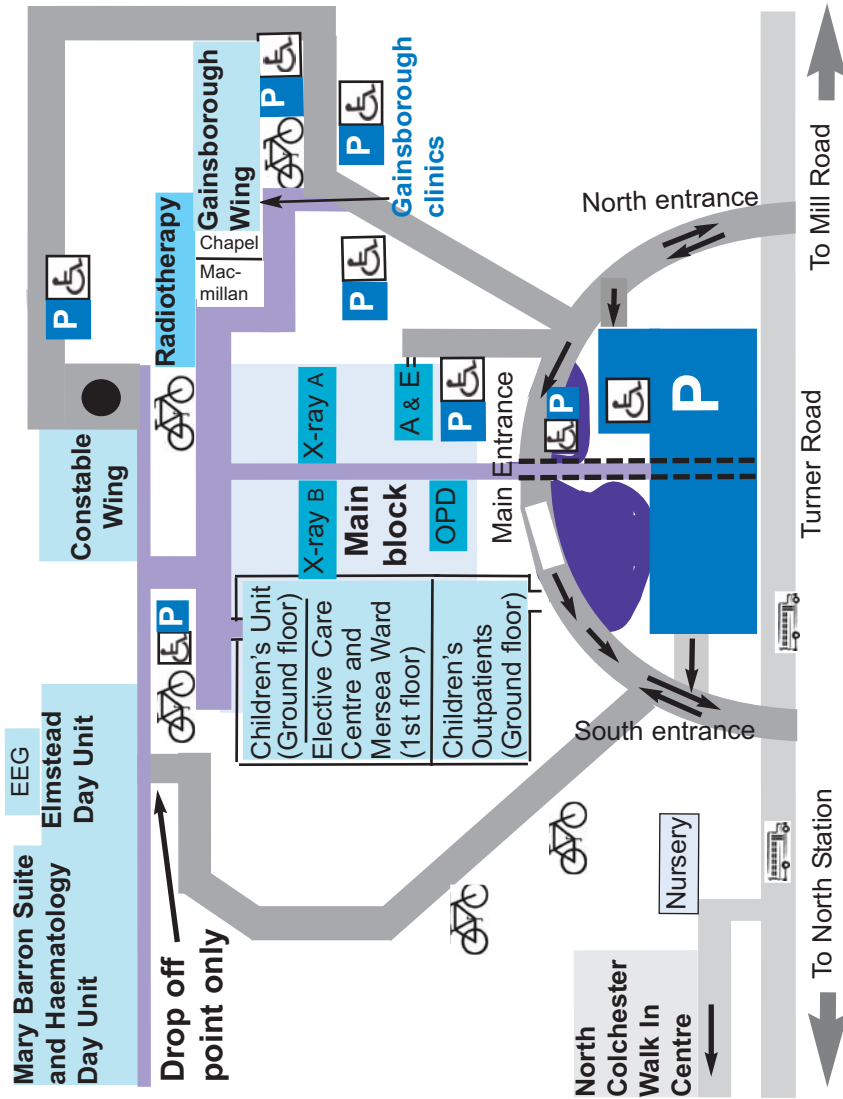
No, you will not require bowel preparation medicine (Picolax or Fleet) as before. You will be allowed fluids only (without milk) after your admission.

How long will the operation take?

It would be usual for the operation to take approximately one hour. However, this is a technical procedure and therefore the time can vary.

Will I need to have drips and tubes again?

As before, the bowels can take a little while to start working again after surgery and therefore any intravenous infusion (drip) would be put in for your comfort.



Ileostomy reversal

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Please ask if you require this leaflet in an alternative format.

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