Reversal of a temporary stoma or loop ileostomy/loop colostomy

Some stomas are described as temporary and this means that there is a possibility that the stoma can be reversed/closed and normal bowel function resumed. There are two areas of bowel used to form temporary stomas the ileum (small bowel) which results in a loop ileostomy or the colon (large bowel) which would mean a loop (transverse) colostomy. The function of both is to divert the flow of faeces away from the newly joined (anastomosed) section of bowel.

How long will I have to wait between stoma formation and reversal?

This will vary from person to person and will need to be discussed with your surgeon. As a general rule it is between 3 – 12 months, this can depend on any follow up treatment. Before the stoma is reversed the surgeon will need to ensure the join/anastomoses is healed and ready for faeces to flow through the normal way. This may be tested by:

- Rectal examination (the surgeon will examine your back passage with his finger) or telescopic examination.
- Barium X-ray studies (using dye and x-rays to look at the anastomoses, the area where the bowel has been joined). If sent medicine (laxative) to take before this, ensure the x-ray department are aware you have stoma, if in doubt check with your stoma care nurse. Remember to ask for a drainable pouch (if not already wearing one.) and drain it frequently to prevent accidents from your stoma.

How is the operation likely to be done?

The reversal of your stoma will involve an incision (cut) at the site of the stoma. The surgeon will over sew the cut in the loop of bowel then replace it into position. You will be left with a small scar at the original site of the stoma. Operative time is approximately 30 – 60 minutes.

What is the function likely to be after I have had my bowel rejoined?

In order to have a clear idea of this you will need to talk to your surgeon or stoma care nurse to ascertain how much bowel was removed initially and whether the bowel's ability to absorb fluid and thereby solidity of the stool will have been affected.

One of the best ways you can improve function is to maintain the muscle tone around your anus (pelvic floor). Your stoma care nurse can provide exercises you can do to tone this area.

It is likely to be at least 6 – 12 weeks and can be longer before acceptable function is resumed and it is common to experience diarrhoea and urgency whilst everything settles down. If you experience these problems please contact our colorectal or stoma nurse.

How long am I likely to be in hospital?

This will vary - the surgeon will need to ensure that your bowel has begun to function and that you are comfortable before going home. On average the likely stay could be 5 – 7 days.

What can I expect when I come into hospital?

Your surgeon decides the preparation before reversal of a stoma. For reversal of a loop colostomy, it is likely to be a clear fluid diet for 24 hours before surgery and you may be prescribed an oral laxative. The surgeon may request that the distal loop of the colostomy or ileostomy (end of bowel connected to the rectum) is washed out with an enema (fluid run through the stoma and out of your bottom.) The ward nurse will preform this task. Occasionally, a rectal enema (fluid run into the bowel through the back passage) is prescribed to clear this area of old mucus or stool. If you are prescribed a laxative remember to ask for a drainable pouch (if not already wearing one.) and drain it frequently to prevent accidents from your stoma.

The consent form and type of anaesthetic

As for any operation the hospital requires you to sign a consent form. This will detail the risk of stoma reversal such as wound infection, bleeding and change in bowel function that your surgeon has discussed this with you. You will be given a general anaesthetic. We expect you to make a rapid recovery after your operation and to experience no serious problems. However, general anaesthetics have some risk, which may be increased if you have chronic medical conditions. These will be discussed with you by the anaesthetist.

What problems can occur after the operation?

The bowel can take a few days to work following surgery, due to handling of the bowel and anaesthetics. Passing wind is a sign that the bowel is working again.
During low rectal surgery, the nerves responsible for sexual function can be damaged. This is due to closeness of these nerves to the rectal anastamoses (join). Research has shown that up to 30% of those sexually active before the operation will have some sexual problems after surgery. Your stoma nurse can give you further information if required.

What should I do about my diet after the operation?
The advice is much the same as after the formation of your stoma.

When should I return to normal activities?
As with any abdominal surgery you will need to take care with heavy lifting and stretching for six weeks. You should return to work and normal socialising as you feel able but can get guidance from your GP. Check with your car insurance company concerning cover – most surgeons suggest you are able to drive after two weeks or when you feel safe to do an emergency stop.

What can I do with my old supply of pouches?
Try to ensure that you only order what you are likely to need before your reversal, as products are expensive on NHS resources. Check this with your own stoma care nurse, most will be happy to take back supplies that have not been opened. Your stoma care nurse may be able to organise other products to be sent as charitable donation to underdeveloped countries, your local chemist may also run a collection point locally.

Who to contact if you have further questions?
Before your operation you will have the opportunity to ask the doctors further questions and you can telephone your stoma care nurse. Your stoma care nurse will try to visit you whilst you are in hospital after you have had your reversal. Your colorectal nurse specialist and colorectal consultant will follow you up as an outpatient. If you have any worries or concerns when at home please contact:

  colorectal nurse 01823 342452
  or
  stoma care department 01823 342453