Reversal of an end colostomy / a Hartmanns reversal

Emergency bowel surgery may result in the formation of an ‘end’ colostomy. The procedure is called a Hartmanns and it involves cutting the bowel in two, one end is secured and left inside the pelvis as a rectal stump, the other is brought out to the left side of the abdomen and shaped into a colostomy. It may be possible to have the bowel rejoined (the stoma reversed), so normal bowel function is restored. This is a very individual decision and should be discussed with your colorectal surgeon and your stoma care nurse.

Some of the information you will need to know before a reversal operation:

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.

How is the operation likely to be done?
The reversal of your stoma can be done in two ways, either via a “laparotomy” (a cut down your abdomen using the same scar as before) or “laparoscopically” known as “keyhole surgery” (smaller incision with the use of a laparoscope to guide the surgeon). The two ends of bowel are brought together. Very occasionally the reversal of the colostomy may be done as a two-stage procedure. The surgeon may feel that the newly joined bowel will heal better if the faeces are diverted away. If this is the case you will be given a loop ileostomy. This is a loop of small bowel brought up to the right side of your abdomen. You are likely to have this new stoma for three months.

before this could be reversed. This second stage involves another operation (see ileostomy reversal leaflet) enabling the bowel to be completely rejoined. A two stage procedure at Taunton and Somerset NHS Trust is rare.

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 that you can do to tone this area. It is likely to be at least six weeks and could be longer before ‘normal’ function is resumed.

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 colostomy. Preparation is likely to be a diet of clear fluid for 24 hours before surgery, followed by an oral laxative. Occasionally, an enema (fluid run through the bowel via the back passage) is prescribed to clear this area of old mucus or stool.

If you are prescribed a laxative remember to ask the ward/stoma nurse 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 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. Passing wind is a sign that the bowel is working again.

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

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’re unlikely to be able to get car insurance for six weeks after the reversal operation. You should return to work and normal socialising, as you feel able but you can get guidance from your GP.

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 consultant will arrange to follow you up as an outpatient. If you have any worries or concerns when at home please contact:

colorectal nurses 01823 342452
or
stoma care department 01823 342453

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