Procedure Information Guide

Closure of loop colostomy

Brought to you in association with EIDO Healthcare and endorsed by the Royal College of Surgeons England.

Discovery has made every effort to ensure that we obtained the information in this brochure from a reputable source. We have adapted the content to reflect the South African market or healthcare environment.

You should not only depend on the information we have provided when you make any decisions about your treatment. The information is meant to act only as a guide to the treatment you are considering having. Please discuss any questions you may have about your treatment with your treating healthcare professional.
What is closure of a loop colostomy?
A loop colostomy was made at your original operation to allow the joined ends of your bowel the chance to heal properly. A loop colostomy is a type of stoma (your bowel opening onto your skin) and was made with two ends of your large intestine (colon) (see figure 1). It was expected that this would be only temporary and that your bowel ends would be put back together.

What does the operation involve?
• Before the operation
You may be given an enema to clean out your large intestine. This will make it easier to move faeces (poo) through your large intestine after the operation. The healthcare team will carry out a number of checks to make sure you have the operation you came in for. You can help by confirming to your surgeon and the healthcare team your name and the operation you are having.

• The operation
The operation is performed under a general anaesthetic and usually takes about 45 minutes. You may also have injections of local anaesthetic to help with the pain after the operation. You may be given antibiotics during the operation to reduce the risk of infection. Your surgeon will make a cut on your skin around the colostomy. They will free up the loops of colon used to make the colostomy. Your surgeon will join the two ends back together and place the loops back inside your abdominal cavity (see figure 2). They will close the cut.

What will happen if I decide not to have the operation?
You can continue to have the loop colostomy. Your bowel will continue to open onto your skin and you will need to carry on using a stoma bag.

What are the benefits of surgery?
You should be able to open your bowels in the normal way and you should no longer have a stoma bag.
Your surgeon will not usually need to cut through your old scar and this operation is usually much smaller than your previous operation.

**What should I do about my medicine?**
Let your doctor know about all the medicine you take and follow their advice. This includes all blood-thinning medicine as well as herbal and complementary remedies, dietary supplements, and medicine you can buy over the counter.

**What can I do to help make the operation a success?**
If you smoke, stopping smoking several weeks or more before the operation may reduce your risk of developing complications and will improve your long-term health.
Try to maintain a healthy weight. You have a higher risk of developing complications if you are overweight.
Regular exercise should help to prepare you for the operation, help you to recover and improve your long-term health. Before you start exercising, ask the healthcare team or your GP for advice.
You can reduce your risk of infection in a surgical wound.
- In the week before the operation, do not shave or wax the area where a cut is likely to be made.
- Try to have a bath or shower either the day before or on the day of the operation.
- Keep warm around the time of the operation. Let the healthcare team know if you feel cold.

**What complications can happen?**
The healthcare team will try to make the operation as safe as possible but complications can happen. Some of these can be serious and can even cause death. You should ask your doctor if there is anything you do not understand. Your doctor may be able to tell you what the risk of a complication for you is.

1 Complications of anaesthesia
Your anaesthetist will be able to discuss with you the possible complications of having an anaesthetic.

2 General complications of any operation
- Pain. The healthcare team will give you medicine to control the pain and it is important that you take it as you are told so you can make a good recovery.
- Bleeding during or after the operation. This is not usually serious.
- Unsightly scarring of your skin.
- Developing a hernia in the scar caused by the deep muscle layers failing to heal. This appears as a bulge or rupture called an incisional hernia. If this causes problems, you may need another operation.
- Infection of the surgical site (wound) (risk: less than 7 in 100). It is usually safe to shower after two days but you should check with the healthcare team. Let the healthcare team know if you get a high temperature, notice pus in your wound, or if your wound becomes red, sore or painful. An infection usually settles with antibiotics but you may need another operation.
- Blood clot in your leg (deep-vein thrombosis – DVT). This can cause pain, swelling or redness in your leg, or the veins near the surface of your leg to appear larger than normal. The healthcare team will assess your risk. They will encourage you to get out of bed soon after the operation and may give you injections, medicine, or special stockings to wear. Let the healthcare team know straightaway if you think you might have a DVT.
- Blood clot in your lung (pulmonary embolus), if a blood clot moves through your bloodstream to your lungs. Let the healthcare team know straightaway if you become short of breath, feel pain in your chest or upper back, or if you cough up blood. If you are at home, call an ambulance or go immediately to your nearest casualty unit.
- Chest infection. Deep breathing and physiotherapy will help to prevent a chest infection.
- Difficulty passing urine. You may need a catheter (tube) in your bladder for one to two days.

3 Specific complications of this operation
- Anastomotic leak. This is a serious complication that may happen if the join (anastomosis) between the ends of your bowel fails to heal, leaving a hole. Bowel contents leak into your abdomen, leading to pain and serious illness. You will often need another operation (risk: less than 1 in 100).
- Bowel obstruction caused by the join swelling or scar tissue (adhesions) inside your abdomen. This usually settles within a few days but you may need another operation.
- Diarrhoea is common but should gradually improve with time. The healthcare team may give you medicine to reduce this problem.
How soon will I recover?

• In hospital
After the operation you will be transferred to the recovery area and then to the ward. Over the next few days you will gradually be allowed to drink and then eat normally. Sometimes the join becomes swollen and does not allow fluid to pass. Your abdomen will be bloated for one or two days and you may feel sick.
You should be able to go home after 3 to 5 days. However, your doctor may recommend that you stay a little longer.
If you are worried about anything, in hospital or at home, contact the healthcare team. They should be able to reassure you or identify and treat any complications.

• Returning to normal activities
To reduce the risk of a blood clot, make sure you follow carefully the instructions of the healthcare team if you have been given medicine or need to wear special stockings.
You should feel strong enough to return to normal activities within a few weeks of going home.
It is normal to have unpredictable bowel movements for several weeks, and you may need to go to the toilet more urgently. It can take up to 6 months for your bowel movements to become firmer.
It is usual to pass looser stools and to go to the toilet more often than before your first operation. Decreasing the amount of fibre in your diet and taking medicine, such as loperamide, may help. Use a nappy cream on the skin around your anus if it becomes sore.
Regular exercise should help you to return to normal activities as soon as possible. Before you start exercising, ask the healthcare team or your GP for advice.
Do not drive until your doctor tells you that you can.

• The future
Most people make a good recovery. You will be followed up as planned after your original operation.

Summary
Surgery to join the two ends of your large intestine back together should allow you to open your bowels in the normal way. You will no longer need a stoma bag.
Surgery is usually safe and effective but complications can happen. You need to know about them to help you to make an informed decision about surgery. Knowing about them will also help to detect and treat any problems early.

Keep this information leaflet. Use it to help you if you need to talk to the healthcare team.

Acknowledgements
Author: Mr Jonathan Lund DM FRCS (Gen. Surg.)
Illustrations: Medical Illustration Copyright © Medical-Artist.com

This document is intended for information purposes only and should not replace advice that your relevant healthcare professional would give you.

You can access references online at www.aboutmyhealth.org. Use reference CR06.