

# BOWEL CANCER AUSTRALIA

## STOMA REVERSAL



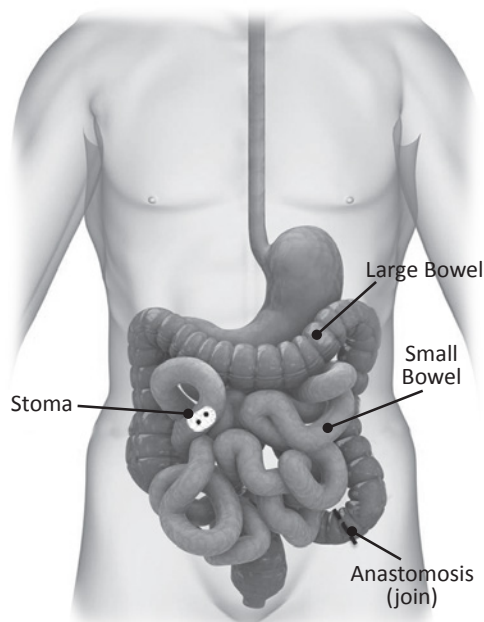
When a stoma is formed, a loop or an end of healthy bowel is pulled up onto the surface of the abdomen to create an artificial opening where faeces (poo) can be passed out of the body, instead of through the anus (back passage). This stoma may be either permanent – if there is no longer enough bowel left to make a continuous pathway from healthy bowel to anus - or temporary.

Temporary stomas are usually formed to allow the bowel to heal properly after it has been cut and reattached (anastomosis). This temporary stoma will usually be formed as a loop ileostomy (from the small bowel) or less commonly as a colostomy (from the large bowel).

Reversal of a loop ileostomy is a relatively simply operation as the bowel has already been joined up at the initial surgery. It involves closing the stoma and returning the bowel to the abdominal cavity.

However, if it is a colostomy it often requires a larger operation as the ends of the bowel will need to be joined up at the time of closure. Occasionally the surgeon may want to form a temporary loop ileostomy to allow the healing of the join and avoid a leak.

This will be discussed and explained by your surgeon prior to your surgery and will only be considered if it will be a straightforward and successful procedure.



*A typical loop ileostomy*

### Is a stoma reversal right for you?

Many people believe that, after a stoma reversal, their bowel habits will return to how things were before they became ill. However, the reality is that even with a successful reversal there will still be a piece of your bowel missing and this will change the way your bowel works in the longer term.

There are several factors to consider when weighing up the risks associated with stoma reversal. These include:

- where the cancer was in your bowel and how near to the anus it was. The shorter the length of bowel remaining in the rectum after surgery, the more difficult it is to create a safe join (anastomosis), and to avoid affecting the sphincter muscles of the anus. This could increase the risk of being unable to control your bowel movements and the potential to leak from your bottom (incontinence)
- if there were any complications with infection or inflammation in or around the bowel or the join (anastomosis) after your initial surgery
- if you have also had radiotherapy or chemotherapy that has affected the health or function of your bowel
- if your health has deteriorated since your surgery, or if it is not safe for you to have further surgery.

### When should it be done?

Your medical team will carefully consider the timing of a stoma reversal. For example it cannot be done while you are receiving chemotherapy. Your bowel needs to be active to maintain its health and so there is an optimum time to have the reversal operation done - usually between 3 and 12 months after it was first formed. This allows the bowel time to heal properly following the original surgery, but is also very important to reduce the risk of losing the muscle tone and health of the unused part of your bowel.



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Once the stoma is formed, the muscles of the pelvic floor and anus can also start to grow weaker from lack of use, unless you continue to exercise them, which is highly recommended.

There are some important questions you may want to ask your stomal therapist nurse advisor when discussing the possibility of a stoma reversal:

## *How much of your rectum was removed?*

The rectum is the lowest part of the large bowel and is responsible for holding faeces until you are able to use a toilet. Some of this storage area may have been reduced if the tumour was in your rectum and the newly shaped bowel will need some time (and practice) to get used to this.

## *How much of your colon was removed?*

The colon absorbs water back into the body as the faeces travels along its length. If your colon has been shortened, there is less time for this water to be reabsorbed so your faeces will be looser.

## *How might this affect your bowel habits?*

Depending on which part of your bowel was affected, and the type of surgery you had at the time, there may be scar tissue and changes to the shape of the bowel which will affect how well it is able to work and store the faeces, at least for the first few weeks or even months. Looser, watery faeces and wind can cause problems with urgent feelings of needing to 'go' quickly. Occasionally, problems with leaking faeces can become an issue for some people, especially in the beginning, until they adapt to their circumstances and find a new routine.

## **The operation**

If the operation is reversal of a temporary loop ileostomy the hard work has already been done at the first operation and therefore there are no more incisions as the closure is done through the stoma site.

However if it is a colostomy then a larger operation is required to rejoin the bowel and this can be done as a laparoscopic procedure or an open operation.

However if the stoma is as a result of a Hartmanns procedure then the bowel will need to be rejoined and this is a bigger operation.

This can be done either laparoscopically, or as an open operation. Laparoscopy means using small cameras and instruments to work through the existing stoma and small cuts in the abdomen. Open surgery follows the same scar line from your first operation.

Your reversal operation and the possible risks will be carefully explained by your specialist team. The decision to go ahead and reverse the stoma, and the type of surgery planned, will be based on your needs and wishes as well as your current general overall health and your previous treatment.

## **What are the other risks and side-effects?**

No surgery is entirely without risk, however specific problems that can arise include:

**Ileus** – a temporary 'shock' reaction to the surgery and some medicines. The bowel becomes paralysed or is slow to start working again. The treatment is just to rest it, by not eating or drinking until you start to pass wind again. You may need an intravenous drip to make sure you don't become dehydrated during this time.

**Bowel obstruction** – a physical blockage of the bowel or problems with adhesions (bands of tight scar tissue) causing narrowing or constriction of the bowel.

**Anastomotic leak** – where the newly joined ends of bowel don't heal properly, causing a leak from the bowel into the abdomen. This can be caused by infection, or by poor blood supply to the bowel tissue at the join. It can often be treated using antibiotics, but in some cases may need another operation to repair it.

Very occasionally a reversal operation is not successful, and for a variety of reasons a new stoma will need to be formed.



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## After the operation

You will be able to leave hospital 3-10 days after reversal surgery, depending on the type of surgery, how the operation went, and how well you have recovered generally.

As you recover from surgery and establish a new routine, you may be supported by other members of your multi-disciplinary team. This might include a dietician, colorectal nurse specialist and/or community nurses.

Stoma reversal surgery can be disruptive to work and social routines, and the rules about no driving and no bending for up to six weeks after surgery will apply once again. You should avoid putting strain on the repaired tissue and bowel by avoiding all heavy lifting or physical work, for up to ten months. It is important to make arrangements before your surgery for changes to your job or for support in your daily routine.

## Regaining bowel control

In the days and weeks following surgery, it is likely that you will have to re-establish a new bowel routine. There is no way to predict how long this will take; it will vary from person to person and it is important not to expect too much during these early days. Here are a few common problems to be aware of:

- increased frequency of bowel movements
- increased urgency – little or no warning of when you need to go
- diarrhoea or loose faeces
- pain in your bottom on passing faeces
- passing small amounts of faeces frequently (stool fragmentation)
- leaking faeces or being unable to control your bowel (faecal incontinence)
- increased wind, and being unable to distinguish between wind and faeces.

This group of bowel symptoms is known as Anterior Resection Syndrome.

It is also useful to note that radiotherapy and chemotherapy can have a lasting effect on your bowel function, and this may not become obvious until you have completed all your treatment and surgery, or sometimes even years later. Specialist support and advice are available to you if this is the case.

## Managing your diet

You may find it useful to follow a low-residue diet, eating little and often, gradually starting to increase the variety and amounts you are eating. Large meals and eating later in the day may cause problems. It is common to experience bowel movements during the night, for example, which might disrupt sleep and affect your quality of life.

If it helps, keep a 'food diary' so you can record what you eat, when you eat and the effect this has on your bowels (including what happens and when).

Jelly sweets, marshmallows, bananas and mashed potato are also good for firming up watery faeces. You may need to limit known culprits like beer, red wine, very high fibre vegetables, cereals and fruits, and spicy or very fatty foods.

## Controlling symptoms

If diet alone doesn't help, you may need to consider taking medicines to help with the symptoms. Medication to control diarrhoea (e.g. loperamide or codeine phosphate) or a bulk forming medication can help to give more reliable control for regular activities or special occasions. Your GP or specialist nurse will have more information about what may be best for you, and how to manage the dose of medicines to prevent other complications and side-effects from them.

Constipation can also be a problem following stoma reversal, in which case it is important to continue to drink plenty of water (around 8 glasses per day) and to balance your diet to include high fibre foods that are easy to digest.

Common remedies to help with excess wind and cramps may include fennel or peppermint tea.



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## Protecting your skin

You may find it helpful to use moist toilet paper to gently clean your bottom and gently pat dry after each bowel motion. Barrier creams like those used to protect baby's skin can also help to prevent your bottom from getting sore as a result of frequent trips to the toilet.

## Retraining your rectum, anus and pelvic floor

The longer your rectum and pelvic floor muscles have been out of use, the more likely it will be that you will need to exercise to make them strong again. It can help your recovery if you start pelvic floor exercises while you have your stoma and before the reversal operation. You can get help from your specialist continence team if the problem does not seem to be improving.

## Problems with continence

Leaking of faeces and urgency are common problems in the first 6 to 8 weeks after stoma reversal and can persist intermittently for several months as you start to develop a new routine. Having a problem controlling your bowel can be upsetting. It is a natural reaction to try and prevent an accident by either tensing all your muscles and holding your breath or rushing to find a toilet. A better course of action is to sit or stand still, breathe deeply and contract your anal sphincter until the urge passes. The leaking should gradually settle, although you should continue to use a pad to protect your underwear until you feel confident again.

## Be honest! Talk to someone

It is very important to be honest with yourself and your healthcare team about your bowel function and about any issues or complications you are having, especially during the recovery. Embarrassment, anxiety, fear, vulnerability and feelings of social isolation because of an unpredictable bowel habit, are all common after any kind of bowel operation. If you are having problems coping, or things don't seem to be quite right, don't suffer in silence and do talk to your GP. They can refer you to the specialist continence team if the problem does not seem to be settling down, or if it's limiting your ability to be independent and mobile again.

## How Bowel Cancer Australia can help

If you would like to talk through your concerns or get more information before you make a decision about a stoma reversal operation, you might prefer to talk to a member of our Peer-to-Peer Support Network – someone who has already been through a stoma reversal, and who can answer questions and give impartial support, via telephone or email. They can also continue to support you after the operation, if you wish. Alternatively, you can contact Bowel Cancer Australia's Stomal Therapy Nurse Advisor.



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