Colostomy closure or Colorectal anastomosis

Colostomy-closure (or Colorectal- anastomosis)

Your Bowel Operation - Some Information

These notes give a guide to your stay in hospital. They also give an idea about what it will be like afterwards. They do not cover everything. If you want to know more, please ask.

What is the problem?
As you know, you have a colostomy. This is an opening of the bowel. It drains waste out onto the skin, instead of down the normal way into the back passage.

By now you have had tests which show that it is time to close off the colostomy. The waste will again run into the back passage.

What does the operation consist of?
A cut is made around the colostomy to free the bowel from the skin and the body wall. The opening in the bowel is then joined up again inside the tummy, or sealed off, so that the waste will drain the normal way to the back passage.

The wound where the colostomy once was, is then closed off.

Sometimes the main wound in your tummy has to be reopened to join the bowel up properly. The wound is stitched up again at the end of the operation.

Are there any alternatives?
Leaving the colostomy as it is is clearly an option. You do not put yourself at risk by keeping the colostomy.

There is a way of closing the colostomy using a special clamp. This avoids an operation, but often leaves a troublesome weakness under the scar.

What happens before the operation?

Welcome to the ward
You will be welcomed to the ward by the nurses or the receptionist. You will have your details checked. You will be shown to your bed. You will be asked to change into your nightwear. You will have some basic tests done, such as pulse, temperature, blood pressure and urine examination.
Colostomy closure or Colorectal anastomosis

You will be asked to hand in any medicines or drugs you may be taking, so that your drug treatment in hospital will be correct. Please tell the nurses of any allergies to drugs or dressings.

**Visits by the surgical team**
You will be seen by the House Surgeon, who will interview and examine you. He, or she, will arrange some special tests such as x-rays and blood samples. The operation will be explained to you. You will be asked to sign your consent for the operation. If you are not clear about any part of the operation, ask for more details from the doctors or from the nurses, They are never too busy to do this.

You will be seen by the surgeon who will be doing the operation. He will check that all the necessary preparations have been made.

**Visits by the anaesthetic team**
One or more anaesthetists who will be giving your anaesthetic will interview and examine you. They will be especially interested in chest troubles, dental treatment and any previous anaesthetics you have had, plus any anaesthetic problems in the family.

**Visit by the physiotherapist**
The physiotherapist will show you how to keep your chest clear after the operation and how to keep moving about. You should not smoke.

**Diet**
You will have your usual diet until 6 to 12 hours before the operation. Then you will be asked to take nothing by mouth. This will let your stomach empty to prevent vomiting during your operation.

**Shaving**
You will be shaved from ribs to groins to prevent hairs affecting the wound.

**Periods**
The periods do not affect the operation.

**Bowel preparation**
It is important that the bowel is as clean as possible before the operation. You will be given a variety of laxatives, enemas and washouts to help. These treatments are undignified, but not painful.

**Timing of the operation**
The timing of your operation is usually arranged the day before. The nurses will tell you when to expect to go to the operating theatre. Do not be surprised, however, if there are changes to the exact timing.
Colostomy closure or Colorectal anastomosis

**Bladder catheters**
Female patients usually have a fine rubber tube passed into the bladder through the front passage an hour or two before the operation. This lets the bladder stay empty and small during the operation and helps control your body fluids afterwards.

Male patients may have similar tubing passed in the operating theatre when they are asleep.

**Premedication**
You may be given a sedative injection or tablets about 1 hour before the operation.

**Transfer to theatre**
You will be taken on a trolley to the operating suite by a ward nurse and a theatre porter. You will be wearing a cotton gown. Wedding rings will be fastened with tape. Removable dentures will be left on the ward. There will be several checks on your details on the way to the anaesthetic room where your anaesthetic will begin. You will then go to sleep.

**The operation is then performed.**

**What happens after the operation?**

**Coming round after the anaesthetic**
Although you will be conscious a minute or two after the operation ends, you are unlikely to remember anything until you are back in your bed on the ward.

You will have a drip tube in an arm vein connected to a plastic bag on a stand containing a salt solution or blood.

You will have a fine plastic tube coming out of your nose and connected to another plastic bag to drain your stomach. Swallowing may be a little uncomfortable.

You will have a dressing on your wound(s) and perhaps a rubber drainage tube coming out of the skin.

You may be given oxygen from a face mask for a few hours if you have had chest problems in the past.

**Warning after a General Anaesthetic**
The drugs we give for a general anaesthetic will make you clumsy, slow and forgetful for about 24 hours. This happens even if you feel quite alright.
Colostomy closure or Colorectal anastomosis

For 24 hours after your general anaesthetic:
   Do not make any important decisions.

Will it hurt?
The wound is painful and you will be given injections and later tablets to control this. Ask for more if the pain is still unpleasant.

You will be expected to get out of bed the day after operation despite the discomfort. You will not do the wound any harm, and the exercise is very helpful for you.

The second day after operation you should be able to spend an hour or two out of bed.

By the end of four days you should have little pain.

Drinking and eating
The operation causes the bowel to stop working for a day or two. Until the bowel starts up again, you will be given water, salts and sugar solutions into your arm vein. The tube in your nose will be used to draw off any build-up of stomach juices.

The first signs of returning bowel activity are noises in your tummy and passing wind out of your back passage. Once these have happened you will be able to start drinking - a little at a time.

When you are able to drink freely, the arm drip tubing and the tube in your nose, are taken out.

You should be eating normally after 4 or 5 days.

Opening bowels
Opening the bowels may take a day or two.

Passing urine
Because of the drainage tube (catheter) in the bladder, passing urine is not a problem. Sometimes there is a feeling that there is a leakage all the time, but this is just an irritation by the tubing and it passes off. Once you can walk about in reasonable comfort, the catheter is taken out.

Sleeping
You will be offered painkillers rather than sleeping pills to help you to sleep. If you cannot sleep despite the painkillers please let the nurses know.

Physiotherapy
The physiotherapist will check that you are clearing your lungs of phlegm by coughing. You can help your circulation by continuous movement of body and limbs.
**The wound and stitches**

The wound has a dressing which may show some staining with old blood in the first 24 hours. The dressing will be removed and the wound will be sprayed with a cellulose varnish similar to nail varnish. You can take the dressing off after 48 hours. There is no need for a dressing after this unless the wound is painful when rubbed by clothing.

Usually there are no stitches in the skin. The wound is held together underneath the skin and does not need further attention. The same applies if the main wound has been reopened. Sometimes, however, 7 or 8 stitches are put across that wound to add strength. They are removed after 8 days.

The rubber drain tube is removed after 4 days.

There may be some purple bruising around the wound which spreads downwards by gravity and fades to a yellow colour after 2 to 3 days. It is not important.

There may be some swelling of the surrounding skin which also improves in 2 to 3 days.

After 7 to 10 days, slight crusts on the wound will fall off. The cellulose varnish will peel off and can be assisted with nail varnish remover.

Occasionally minor matchhead sized blebs form on the wound line. These settle down after discharging a blob of yellow fluid for a day or so.

**Injections**

You will have tiny injections into the skin of the tummy twice a day to keep the circulation going.

**Washing**

You can wash the wound area as soon as the dressing has been removed. Soap and warm tap water are entirely adequate. Salted water is not necessary. You can shower or bath as often as you want.

**What about informing my relatives and contacts?**

With your permission, the nurses and doctors will keep your relatives and contacts up to date with your progress.

**How long in hospital?**

You should plan to leave hospital 7 days after the operation.

If you have had the main wound reopened, plan for 10 days in hospital.
Colostomy closure or Colorectal anastomosis

The nurses will talk to you about your home arrangements so that a proper time for you to leave hospital can be arranged.

You will be given an appointment to visit the Out Patient Department for a check up about one month after you leave hospital.

**Sick notes**
Please ask the nurses for sick notes, certificates etc.

**After you leave hospital**
You are likely to feel very tired and need rests 2 or 3 times a day for two weeks or so. You will gradually improve so that by the time a month has passed you will be able to return completely to your usual level of activity.

**Driving**
You can drive as soon as you can make an emergency stop without discomfort in the wound, i.e. after about 3 weeks.

**What about sex?**
You can restart sexual relations within 2 or 3 weeks when the wound is comfortable enough. Sometimes the operation affects the sex nerves. We will discuss this with you.

**Work**
You should be able to return to a light job after about 6 weeks and any heavy job within 8 weeks, or 12 weeks if the main wound was reopened.

**Complications**
Complications are unusual but are rapidly recognised and dealt with by the nursing and surgical staff.

If you think that all is not well, please ask the nurses or doctors.

Chest infections may arise, particularly in smokers. Co-operation with the physiotherapists to clear the air passages is important in preventing the condition. Do not smoke.

Occasionally the bowel is slow to start working again. This requires patience. Your food and water intake will continue through your vein tubing.

Sometimes there is some discharge from the drain by the wound. This stops given time.

Wound infection is sometimes seen. This settles down with antibiotics in a week of two.
Aches and twinges may be felt in the wound for up to 6 months.

Occasionally there are numb patches in the skin around the wound which get better after 2 to 3 months.

Very occasionally the bowel cannot be joined up again. We will discuss this with you.

**General advice**

The operation should not be underestimated. Some patients are surprised how slowly they regain their normal stamina - but virtually all patients are back doing their normal duties within 3 months. Most patients are delighted how well they feel.

If you have any problems or queries, please ask the nurses or doctors.
Colostomy closure or Colorectal anastomosis

Any Questions?
If you have any questions, jot them down here and ask the doctors or nurses for answers.

Any complaints?
If you have any complaints, please contact the doctors or nurses straight away. If this does not solve the problem, please write to me at Ward 3, The Friarage Hospital, Northallerton.

Michael H Edwards
Consultant Surgeon

Acknowledgement
We gratefully acknowledge the generous support for the development and launching of SCALPEL Information Systems for patients, from:

Northallerton Red Cross Society

The crew of the Royal Fleet Auxiliary 'ARGUS'

If you would like to help towards other ventures to benefit patients, please send donations to:

The Chairman
British Red Cross
62 Thirsk Road
Northallerton DL6 1PN
(Please make cheques payable to "British Red Cross")
Colostomy closure or Colorectal anastomosis

Have you any comments?
We welcome your comments and suggestions covering your illness, your treatment in hospital, and your recovery. Please write below any points you would like to make. If you prefer, you need not give your name.

Full name:
Hospital:
Ward:
Date of stay in hospital:
Operation:
Out patients department:

Your admission arrangements:  Your welcome on the ward:
Nursing staff:  General ward atmosphere:
Medical staff:  Ward orderlies:
Portering staff:  X-ray staff:
ECG staff:  Did you know who was who?:
Bedding:  Food and drink:
Privacy:  Locker space:
Toilets:  Bathrooms:
Other patients:  Noise:
Information:  Telephone/TV/radio/newspapers:
Timing of operation:  Preparations for your operation:
Going into the theatre:  In the operating theatre:
In the recovery room:  Coming back from theatre:
Colostomy closure or Colorectal anastomosis

Intensive Care ward: Recovery on the ward:
Pain control: Sleeping:
Wound dressings: Stitches, clips:
Progress reports: Visiting hours:
Rest room: Tablets, medicines, injections:
Going-home arrangements: Out-patient follow up:

Anything else?

Continue comments overleaf if you wish.

Please send this questionnaire to Mr M Edwards, Ward 3, Friarage Hospital, Northallerton, North Yorkshire DL6 1JG.