CLOSURE OF STOMA

BRIEF DESCRIPTION

A cut is made around the stoma to free the bowel from the skin and muscles of the abdominal wall. The bowel is then joined up (anastomosed) and returned to the abdominal cavity. Faeces and gas will then drain the normal way to the back passage (anus). The stoma wound is then closed off. Occasionally, there are difficulties and the main wound in your abdomen has to be reopened to join the bowel up safely.

WHY IS THIS OPERATION NECESSARY?

As you know, you have a stoma. This is an opening of the bowel draining bowel fluid or faeces into a bag on your abdomen instead of the normal way into the anus. You and your surgeon have agreed that it is an appropriate time to close the stoma restoring normal continuity of the bowel and allowing you to defaecate through the anus.

ARE THERE ALTERNATIVE TREATMENTS AVAILABLE?

Some patients chose to keep their stoma permanently. Laparoscopic surgery seldom offers any advantage over open surgery for this procedure.

IS IT SAFE TO HAVE THIS OPERATION?

Before you agree to the operation, you should consider the risks that may be involved. Your surgery will be performed by a team of qualified professionals who aim to ensure a safe procedure and a successful result. However there are risks involved with all surgery even if these risks may be small.

WHAT ARE THE GENERAL RISKS INVOLVED?

These are risks hich may occur with any surgical proce-dure. These complications include the risk of infection, bleeding, pain, wound breakdown, deep vein thrombosis, or complications affecting the heart, lungs or kidneys. All operations involving an anaesthetic have a theoretical risk of death.

WHAT ARE THE SPECIFIC RISKS INVOLVED?

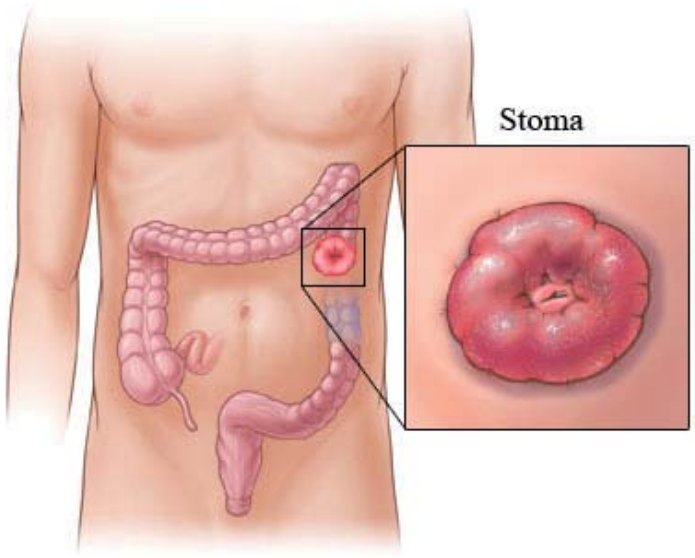
This procedure has a low incidence of serious complications. The most serious are bowel blockage or a breakdown of the join (anastomosis) leading to peritonitis - poo leaking inside the abdomen and emergency surgery to wash out the infection. You may have the stoma or bag re-fashioned again because the anasto-mosis has leaked and it is unsafe to close the leak. Other complications include wound infection requiring nursing care for a period after discharge, and a hernia at the site of the stoma closure.

WHAT ARE THE ANAESTHETIC RISKS INVOLVED?

You can discuss the type of anaesthetic you will have with your anaesthetist and also the possible complications that may occur. The operation requires a general anaesthetic.

WHAT SHOULD I DO BEFORE THE OPERATION?

You should not eat for at least six hours, nor drink clear fluids for two hours before your operation. However, you should take all your regular medication as usual on the day of surgery. Your surgeon may want you to stop certain medication such as disprin, warfarin, or other blood thinning medicines before the operation.
Sometimes bowel prep salts are prescribed to clear your colon beforehand.



These notes give an overall guide to your procedure. You may see some differences in the details of your treatment, since it is tailored to suit your own condition.

WHAT HAPPENS BEFORE THE OPERATION?

Please report to the hospital reception on time for your admission. Please bring along all the documents that may be required such as your medical aid card, ID and contact details. If you are not a member of a medical aid you will be required to pay a deposit or to sign an indemnity form. As far as possible we will try to advise you about hospital costs before your admission. It may be best to complete some of the documentation beforehand at the hospital pre-admission clinic to save time on the day of your admission.

When you arrive in the ward, you will be welcomed by the nurses or the receptionist and will have your details checked. Some basic tests will be done such as pulse, temperature, blood pressure and urine examination. 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. The surgeon will have explained the operation and 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 surgeon or from the nurses.

You may be issued with compression stockings that will help prevent blood clots in your legs. If you are having a general anaesthetic, the anaesthetist who will be giving your anaesthetic will interview and examine you and he may put up a drip or prescribe some medication to help you relax.

You will be taken on a trolley to the operating suite by the staff. You will be wearing a cotton gown with disposable hospital underwear. Wedding rings will be fastened with tape and removable dentures will be left on the ward. There will be several checks on your details on the way to the operating theatre where your anaesthetic will begin.

HOW LONG DOES THE OPERATION TAKE?

Usually about 60-90 minutes

WHAT HAPPENS WHEN I WAKE UP?

After the operation is completed you will be transferred back to the ward. 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 not usually have a catheter in your bladder; and there is seldom a need for you to go to the high care ward.

WILL I HAVE PAIN?

Some pain may be present, but this should be controlled to a level of mild discomfort with the painkillers that are prescribed. Ask the nursing staff for medication if you have pain. A sleeping pill is usually offered to you at night.

HOW SOON AFTER THE OPERATION CAN I EAT?

You will be allowed water or juice in small amounts immediately after the operation, and can start eating food once your bowels have started working. This can take several days. You will have an intravenous drip in your hand during this time, to supply your body's fluid requirements.

HOW SOON AFTER THE OPERATION CAN I GET OUT OF BED?

You should be able to walk a short distance very soon after waking up, but ask the nursing staff for assistance if you feel dizzy. You should be able to walk without too much discomfort by the next day and will be encouraged to mobilize as much as possible.

HOW LONG WILL I STAY IN THE HOSPITAL?

Usually 4-6 days. It is quite normal for the bowels not to open for a day or so after the operation. The doctor will be discussing your bowels each day with you and will order the necessary laxatives. Your bowels need to work before you leave.

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WHAT HAPPENS WHEN I AM DISCHARGED FROM THE WARD?

Your surgeon will determine when you are ready to go home. You will be given some medication for pain and you may also need to take antibiotics for a few days after you go home. You will be given instructions on the dressings and how to care for the wound. You will also get an appointment for your follow-up in the surgeon's rooms. A sick certificate can be provided at your follow up visit.

WHAT SHOULD I BE AWARE OF WHEN I GET HOME?

Your bowel pattern may be irregular initially, and you needn't be afraid to strain gently to achieve open bowels. You can gradually introduce a normal diet over the first week or two. Laxatives or stool stiffening medications are not usually necessary.

HOW SOON CAN I START EXERCISE?

You can perform routine activities fairly soon after you get home. Mild exercise would be possible soon after and should be discussed with the surgeon at your post-operative visit

HOW SOON CAN I DRIVE A CAR?

When comfortable. Usually delay this until your post-operative visit, unless required to drive in an emergency

HOW LONG WILL I BE OFF WORK?

Usually about 3-4 weeks. Discuss with the surgeon at your post-operative visit