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Patient information for a Closure of Ileostomy

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Na żądanie ta ulotka może zostać udostępniona
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About your closure of ileostomy

You have been recommended surgery to close a loop ileostomy (stoma/bag) This type of stoma is usually created as part of an operation to divert faecal matter away from the bowel in order to allow a join (anastomosis) in the bowel to heal. Once healing has taken place, the stoma may be closed under general anaesthesia. In preparation for the ileostomy closure, you may have had an enema x-ray to check the join in the back passage. At the time of the surgery, the join is often examined to ensure it is widely open. Sometimes the join needs to be stretched and if so this will be done while you are under anaesthetic.

What are the intended benefits?

The benefit of this operation is that you will be able to open your bowels via the back passage (anus) again without the need for a stoma bag.

Who will perform my procedure?

We are unable to guarantee that a particular person will perform the procedure. However your surgery will be performed by a surgeon with particular skills and training in bowel surgery. This is usually a consultant surgeon or senior specialist.

What happens before admission?

You will need to attend a pre-admission clinic, which is usually run by specialist nurses. At this clinic, we will ask for your details of your medical history and carry out any necessary clinical examinations and investigations.

We will ask if you take any tablets or use any other types of medication either prescribed by a doctor or bought over the counter in a pharmacy.

Please bring any packaging/prescriptions with you.

Contact the ward

Who can I contact if I have a problem when I get home?

If you experience any problems related to your surgery or admission once you have been discharged home.

Please feel free to contact 4A, 4B or 4C ward for advice from the nurse in charge.

They will assist you via the telephone, advise you return to your GP or ask you to make your way to the ED department at Whiston Hospital depending upon the nature of your concern.

4A Ward – 0151 430 1420

4B Ward – 0151 430 1637

4B Ward – 0151 430 1643

We will also only carry out the procedure on your consent form unless, in the opinion of the responsible health professional, a further procedure is needed in order to save your life or prevent serious harm to your health.

Sometimes during the operation it becomes apparent that the disease is more complicated than was anticipated: the type of surgery may need to be altered to achieve the desired result.

This may mean removing more bowel or part of a nearby organ.

There may be procedures you do not wish us to carry out, the reasons for which you are not obliged to provide.

These specifically disallowed procedures should be recorded on the consent form. It is imperative that you are made aware of the risks and benefits of not carrying out certain procedures (as with performing intended procedures) so you can make an informed decision.

All information we hold about you is stored according to the Data Protection Act 1998.

Privacy and dignity

Same sex bays and bathrooms are offered in all wards except critical care and theatre recovery areas where the use of high-tech equipment and / or specialist one to one care is required.

You will have blood tests, possibly an ECG (heart tracing) performed, and also swabs taken to screen MRSA. This Trust takes infection control extremely seriously for the benefit of all its patients.

Day of surgery

Most patients are admitted on the day of surgery. You will see an anaesthetist before your procedure to discuss the best anaesthesia and pain relief options for you. To inform this decision, he/she will need to know about:

- Your general health including previous and current health problems.
- Whether you or anyone in your family has had problems with anaesthetics.
- Any medicines or drugs you use
- Whether you smoke
- Whether you have had any abnormal reactions to any drugs or have ay other allergies
- Your teeth, whether you wear dentures, or have caps or crowns.

Your anaesthetist may need to listen to your heart and lungs, ask you to open your mouth and move your neck and will review your results.

Moving to the operating room/theatre

You will change into a gown before your operation and we will take you to the operating suite. Before you leave the ward and when you arrive in the anaesthetic room the medical team will perform a check of your name, personal details and confirm the operation you are expecting. Once that is complete, monitoring devices may be attached to you, such as blood pressure cuff, heart monitor (ECG) and a monitor to check your oxygen levels (a pulse oximeter). An intravenous line (drip) will be inserted.

Your operation will require a general anaesthetic. You will be asked to breathe oxygen through a face mask before you go to sleep.

Anaesthesia and pain relief

General anaesthesia

During general anaesthesia you are put into a state of unconsciousness and you will be unaware of anything during the time of the operation. Your anaesthetist remains with you at all times he or she monitors your condition continuously throughout surgery and gives you drugs and fluids to optimise your wellbeing.

Regional anaesthesia

Regional anaesthesia includes epidurals, spinals, caudals or local anaesthetic blocks of the nerves to the limbs or other areas of the body. Local anaesthetic is injected near to nerves, numbing the relevant area and possibly making the affected part of the body difficult or impossible to move for a period of time. Regional anaesthesia may be performed as the sole anaesthetic for your operation, with or without sedation, or with a general anaesthetic. Regional anaesthesia may also be used to provide pain relief after your surgery for hours or even days. Your anaesthetist will discuss the procedure, benefits and risks with you.

If you are having an epidural/spinal as well this may be put in before you go to sleep in the anaesthetic room. You will need to have a catheter inserted into your bladder so we can measure urine output. This will be removed with the first few days after the operation.

Local anaesthesia

In local anaesthesia drug is injected into the skin and tissues at the site of the operation. This area of numbness will be restricted and some sensation of pressure may be present, such as stitching a cut, but may also b injected around the surgical site to help with pain relief. Usually a local anaesthesia will be given by the doctor doing the operation.

Uncommon side effects and complications (1 in 1000 people)

- Chest infection
- Muscle pain
- Slow breathing (depressed respiration)
- Damage to teeth
- An existing medical condition getting worse
- Awareness (becoming conscious during your operation)

Rare (1 in 10,000 people) and very rare (1 in 100,000 people) complications

- Damage to the eyes
- Heart attack or stroke
- Serious allergy to drugs
- Nerve damage
- Death
- Equipment failure

Deaths caused by anaesthesia are very rare. There are probably about five deaths for every million anaesthetics in the UK. For more information about anaesthesia, please visit the Royal College of Anaesthetists' website www.roca.ac.uk

Information and support

If you have any further questions please contact one of the colorectal specialist nurses.

Important things you need to know

Patient choice is an important part of your care. You have the right to change your mind at any time, even after you have given consent up until you are anaesthetised. The only caveat to this if you are unable to make this decision for yourself either due to being extremely unwell or being confused or unconscious in which circumstances your doctors will make a decision in your best interests.

Operation-specific risks:
Failure of the bowel re-join to heal (anastomotic leak) - this can be serious and may require further surgery to put right (which may include the need for stoma).

A temporary hold up of bowel function (ileus) - this leads to bloating, nausea and sometimes vomiting. It is common but usually easily managed with a soft decompression tube passed gently through the nostrils down to the stomach, intravenous fluids and drugs to help to stop you feeling sick.

There is some evidence to show that avoidance of morphine-based drugs and chewing gum help speed up recovery in this case.

A collection of blood or infected fluid (abscess) in the abdominal cavity—this is usually managed by the passage of a tube, with local anaesthetic, under x-ray or ultrasound guidance but sometimes requires further surgery to put right.

What are the risks of general or regional anaesthesia?

In modern anaesthesia, serious problems are uncommon. Risks cannot be removed completely, but modern equipment, training and drugs have made it a much safer procedure in recent years. Individual risks depend on your general health, surgery which is complicated , long or performed in an emergency.

Very common (1in 10 people) and common side effects (1 in 100 people.

- Feeling sick and vomiting after surgery
- Sore throat
- Dizziness, blurred vision
- Headache
- Bladder problems
- Damage to lips or tongue (usually minor)
- Itching
- Aches, pains and backache

What does the operation involve?

The surgeon will discuss with you whether the back passage needs to be examined under anaesthetic as a final check prior to closure of the stoma. A small incision (cut) will be made around the ileostomy (stoma). The stoma is then freed from the surrounding skin and abdominal wall. The hole in the bowel is then joined together, either by stitches or staples. At the end of the operation the abdominal wall is stitched together and then the skin is closed, often with stitches. A dressing is then applied on top of the skin.

After the procedure

Once your surgery is complete you will be transferred to the recovery ward where you will be looked after by specially trained nurses, under the direction of your anaesthetist.

The nurses will monitor you closely until the effects of any general anaesthetic have adequately worn off and you are conscious. They will monitor your heart rate, blood pressure and oxygen levels. You will be given oxygen via a facemask, fluids via a drip and appropriate pain relief until you are comfortable enough to return to your ward. You may also have a tube (catheter) in your bladder to drain away urine – this enables careful measurement and avoids the need for you to get out of bed to urinate.

Enhanced recovery

Where possible we make use of enhanced recovery principles to minimise the impact of surgery on the body and enable a rapid return to normal activity. There are many aspects to this process which includes pre-operative (before), intra-operative (during) and post operative (after) procedures. We aim to minimise pain; perform careful surgery; avoid unnecessary drips, tubes and drains; enable you to eat and drink straight after your operation; encourage early mobilisation to stimulate recovery and allow you to go home soon and safely. We want you to be involved with this and need your help and initiative to improve your recovery.

Eating and drinking

It is safe drink and even eat after surgery providing you feel the desire to do so. You should not eat or drink if it makes you feel sick or bloated.

Getting about after the procedure

We will help you to become mobile as soon as possible after the procedure. This helps improve your recovery and reduces the risk of certain complications. You will have daily injections and will usually wear special stockings which reduce your chance of blood clotting in your legs (DVT). Typically, you will be helped into a chair the following day. If you have any mobility problems, we can arrange nursing or physiotherapy help.

Leaving hospital

Most people who have this type of procedure will need to stay in hospital for 1 to 3 days. Sometime complications arise and these will delay discharge. When you go home we would expect you to be mobile, comfortable and able to eat safely. The actual time that you stay in hospital will depend on your general health, how quickly you recover from the procedure and your doctor's opinion.

Resuming normal activities including work

Most people who have had this procedure can get back to normal activities after two weeks. You might need to wait a little longer before resuming more vigorous activity. When you will be ready for work will depend on your general health, how fast you recover and what type of work you do. Please ask your doctor for his/her opinion.

Special measures after the procedure

At first the bowel motion will tend to be loose and frequent. You may also experience the need to open your bowels urgently, or even have 'accidents'. There is no need to be concerned if this happens, as it may take some weeks for the bowel to settle into a regular pattern again.

Wound care

You will have a small wound that may be glued, but often the surgeon will put staples in. These staples need to be removed 8-10 days after your operation; your discharging nurse will refer you to the appropriate treatment rooms to have this done. Please seek medical advice if you notice any signs of infection, these can include, redness, swelling, discharge and / or fever.

Check up and results

Before you leave hospital, you will be given details of when you need to return to the outpatients clinic. At this time, we can check your progress and discuss with you any treatment we recommend.

What are the significant risk of this procedure?

Most people will not experience any serious complications from their surgery. The risks increase for the elderly or overweight and for those who already have heart, chest or other medical conditions such as diabetes or kidney failure. There is a *very* small risk of death. We cannot get rid of all risk but we take patient safety very seriously and take every possible precaution to minimise risk. You will be cared for by a skilled team of doctors, nurses and other health care workers who are involved in this type if surgery on a daily basis. Any problems that arise can be rapidly assessed and appropriate action taken. These include the risks of surgery in general, the risk particularly associated with bowel surgery and the risks of anaesthetic described in more detail later.

General risks

- Wound problems—infection, bleeding, fluid / abscess collection, dehiscence (opening up)
- Breathing problems—chest infection
- Heart problems—abnormal rhythm, angina, heart attack
- Kidney problems—low urine output, blood salt abnormalities, kidney failure