

Colostomy

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 bowel?

The bowel is a tube of intestine which runs from the stomach to the back passage. It is much longer than the inside of your belly (tummy). It fits in by coiling up in loops.

The upper part of the bowel is called the small bowel. It joins the lower part of the bowel (the colon) just to the right of the waistline. This is where the appendix pouches out from the colon.

The colon runs up to the right ribs and loops across the upper part of the belly. Then it passes down the left side to run backwards into the pelvis towards the back passage, where it is called the rectum.

What is your problem?

Your lower colon and rectum are diseased.

You need to have a bypass operation to keep the waste away from the diseased part. We bring a loop of colon out onto the skin so that the waste runs into a special bag stuck over the opening. This is the colostomy.

Often we can take out the diseased part later, when the bowel has recovered from infection or being overstretched by a blockage.

Then we can close off the colostomy.

Sometimes it is too risky for you to have the diseased part taken out. You can keep a colostomy for decades without coming to any harm.

Sometimes a colostomy is needed so that we can give x-ray treatment to the lowest parts of the bowel safely.

What does the operation consist of?

A cut is made in the skin to the right of the tummy button about 25 cm (10 inches) long. The colon is freed inside your tummy. We bring out a loop of colon and stitch it

to the skin. We cover the opening of the bowel with a special bag. We close up the original wound.

Sometimes, if the colon is free enough, we can make a colostomy without the first big wound. This is a bonus for you.

Are there any alternatives?

Leaving things as they are is risky.

A blocked lower colon is a life-threatening condition. You must have a bypass operation. It is not safe for you to have the diseased bowel taken out now.

Drug and x-ray treatment are not helpful by themselves.

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.

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 have the operation site marked on you with a skin pencil.

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 armpit to thighs 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.

The colostomy

You will be seen by the specialist stoma nurse who will tell you more about the colostomy. You will be shown how to decide on the best place on your tummy for the stoma. We will mark that place on your skin.

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.

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 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 and a rubber drainage tube nearby, connected to yet another plastic bag.

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

You will have the colostomy with a plastic bag over it.

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.

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 colostomy. 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 removed.

You should be eating normally after 4 or 5 days.

Opening bowels

The colostomy may not work for a day or two. It is always runny at first and rather smelly. It quickly gets better. You will get special advice and help from the Stoma Nurses.

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. Sometimes, however, 7 or 8 stitches are put across the 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 2 weeks after the operation.

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.

The Stoma Nurse will arrange to visit you at home.

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 a month or more. You will gradually improve so that by the time 3 months 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.

Work

You should be able to return to a light job after about 6 weeks and a heavy job within 12 weeks.

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 or 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.

The colostomy can sometimes swell, or shrink or irritate the skin. The Stoma Nurses will help you here.

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.

There is a mass of advice, help, and contact from the Stoma Nurses and self-help groups, once you leave hospital.

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

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

The Chairman
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Northallerton DL6 1PN
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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

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.