


acknowledgements

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Barbara Borwell, Pauline McCulloch, Allison Sharpe, Celia Myers.

phone: 0800 581117 (Samples/advice)
0800 328 0777 (Prescription Service)
fax: 01223 235146
email: dansac.ltd@dial.pipex.com
website: www.dansac.co.uk

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dansac 
Dansac Limited,
Victory House, Vision Park,
Histon, Cambridge
CB4 9ZR

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Patient Information

Your Stoma Operation & Recovery

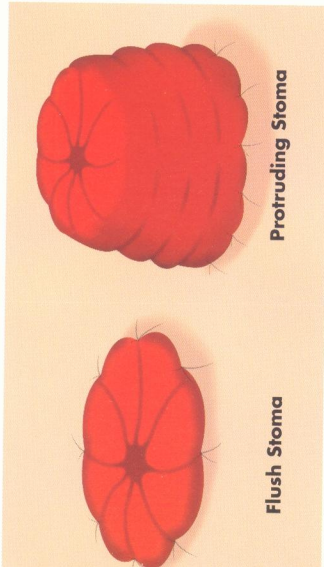


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This booklet has been produced with the help of stoma care specialists and aims to cover some of the more frequently asked questions about stoma surgery.

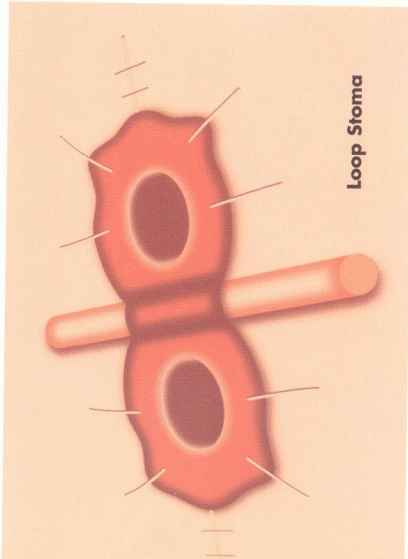
What does a Colostomy operation involve?

There are two major types of colostomy operation:
 End colostomy (flush or protruding)
 Loop colostomy



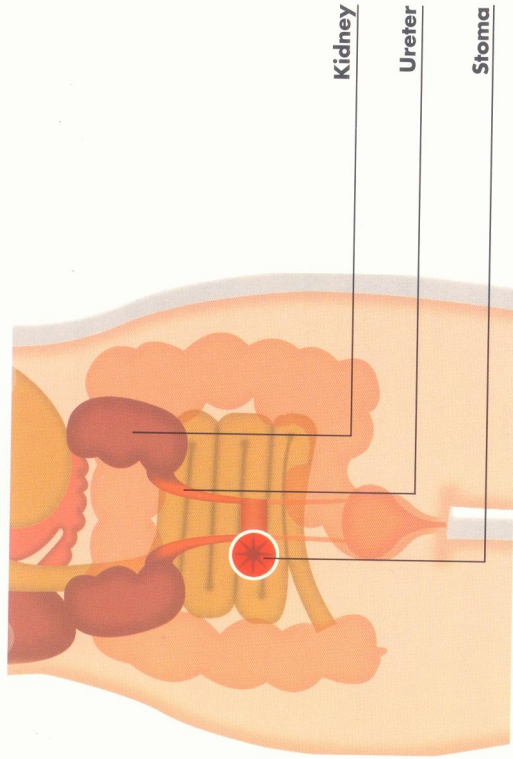
What does an Ileostomy operation involve?

There are two major types of ileostomy operation:
 End ileostomy (flush or protruding)
 Loop ileostomy



What does a Urostomy operation involve?

The most common urostomy operation is the formation of an ileal conduit.



Do many people require this kind of surgery?

Every year thousands of men, women and children of all ages have an operation to form a stoma (there are an estimated 80,000 ostomists (colostomists, ileostomists or urostomists) in the UK alone) who are now leading active and fulfilled lives.

How long will I be in hospital?

This depends on the type of surgery and how fit you are at the moment. It can vary from a few days to 3 weeks unless there are any other complications which would extend your stay further. Discuss your situation with your stoma care nurse.

Will I get my operation the day I'm admitted?

Depending on the hospital, you may be asked to come in to hospital 2-3 days prior to surgery or be admitted a day before after being seen in a pre-assessment clinic. Various routine investigations will be undertaken before your operation. You will also be asked various questions by nursing and medical staff throughout the day, so that a full picture of your past and present medical situation is recorded.

What investigations will I need done?

You will need:

Blood tests
ECG

Chest X-ray

Blood pressure/pulse /temperature/respirations/weight

You may also be asked to have an ultrasound scan.

These may all be done on the day that you are admitted or at a pre-assessment clinic.

What is an ultrasound scan?

Ultrasound uses sound waves to build up a picture of various organs. It is quite painless and involves a small sensor which is not unlike a microphone being rolled over the surface area above the organ being examined. To ensure that a clear picture is obtained the radiologist uses a clear jelly over the area being examined. This allows for better contact with the sensor. The picture is then transmitted to a television screen so that the doctor can see and photograph the results.

What will happen after I've had all the tests?

You will be asked to follow a special diet and may be given a special preparation (laxative) to drink. This will ensure that your bowel is completely empty before surgery. This takes effect fairly quickly so make sure that you stay close to a toilet. You will not be allowed to eat or drink for a few hours before surgery but will be told when this is to commence.

Will I see the stoma care nurse when I'm admitted?

Your stoma care nurse will usually try to see you before your surgery, firstly to ensure that you are confident about the information you have received and secondly so that your stoma may be sited.

How will the nurse decide where to mark the stoma site?

S(he) will have information from the consultant and will discuss with you where the best possible position might be for your stoma.

In general s(he) will aim to site the stoma for easy management of the pouch (it can be seen and changed easily) and comfort (away from belts).

It is easier therefore to mark the best position if you wear your normal underwear and either trousers or a skirt. This will make sure that everything is taken into consideration as far as waistbands and belts are concerned.

You will be asked to stand and sit to ensure the site is visible from either position. The nurse will choose a position that, if possible, will be positioned on a flat piece of your abdomen, away from skin folds (to prevent the pouches creasing). A mark will then be made in ink on your abdomen in preparation for your surgery.

What happens on the day of surgery?

This will depend on the hospital you are in. Your specialist nursing team will be explaining what will happen.

What will happen after my operation?

Some hospitals have a special unit, where patients are sent routinely immediately from Theatre and some hospitals will send you straight to their own ward. On your return from theatre, following your operation, it is likely that you will be given oxygen via a face mask. Immediately after an anaesthetic it helps to ensure that you are getting enough oxygen to your system, since you may not be breathing as deeply as normal.

What should I expect when I wake up?

As well as the oxygen via a face mask you may have a tube going up your nose (nasogastric tube) and into your stomach. This is to stop you from vomiting after your surgery.

You will also come back from theatre with a small drain inserted into your abdomen near the wound and this is routinely done for all abdominal surgery. This helps to reduce the risk of infection.



If you are having a colostomy or ileostomy operation, you won't need to pass urine in the normal way for the first few days because you will usually have a small tube (catheter) inserted into your bladder which ensures that your bladder remains empty. The tube is normally removed before you go home.

An intravenous therapy drip (IVT) may be inserted in your arm or neck to give your body important fluids and nutrients. There may also be a temporary dressing on the abdominal wound which will be removed at an appropriate time by the nurses.

Will I have a pouch on when I come back from Theatre?

When you wake up, you will notice you have a clear pouch attached to your abdomen so that the nurse can monitor the output of your stoma. The stoma will be reddish in colour, swollen and secured to the skin with stitches. During the next few days/weeks the stoma will become less swollen and the stitches will either fall or dissolve. The nurses will monitor and change your pouch initially until you are ready to learn how to change the pouch yourself.

Your stoma care nurse will discuss and demonstrate the procedure in detail with you, a good opportunity for questions.

Will I experience a lot of pain and discomfort?

After going through a major operation, you will probably experience some level of discomfort/pain after surgery. This however will be controlled adequately with the use of modern pain killers throughout your stay in hospital.

When you return to the ward, you may have a PCA pump (Patient Controlled Analgesic). If you do, you will be able to administer pain killers yourself by pressing the pump. You cannot overdose but the anaesthetist will explain how to use it.

Alternatively you may have a small tube in your back through which the anaesthetist delivers a measured dose of analgesia (epidural) or you may be given spinal injections.

If you are experiencing a lot of discomfort you should tell the nurse in charge and they will ensure that it is remedied.

Will I be able to have a drink as soon as I'm awake?

Most surgeons now give sips of water for the first day and then this is increased over the next day or two, until your bowel starts to return to normal again. In addition you will receive fluids through a drip in your arm, until you are able to take oral drinks again.

When will I be allowed up?

Usually you will be in bed on the first day after your operation but after that will be encouraged to sit in the chair at your bedside and to walk a little every day (with the help of physiotherapists and nurses), depending on your level of mobility before the operation.

When can I get up to use the toilet?

If you are having a colostomy or ileostomy operation, you won't need to pass urine in the normal way for the first few days because you will usually have a small tube (catheter) inserted into your bladder which ensures that your bladder drains and remains empty. The tube is usually removed before you go home.

If you are having a urostomy operation, you will have a pouch over your stoma to collect urine.

When will all the tubes be removed?

The tubes will be removed one by one starting at about 2-3 days after your operation and depending on your recovery. They are usually all out by the time you are ready for home.

When will I be able to go home?

You will be allowed home once you or your carer are able to manage your stoma (change pouch, disposal, skin and output problems), and are medically fit to return home. Your specialist team will let you know when you are ready.

