Important information
• If your wound becomes painful, red or leaks contact your doctor
• Avoid lifting and straining for at least six (6) weeks after surgery to reduce the possibility of a hernia forming
• It is likely to take several weeks to recover from this surgery – resume activity slowly
• Do not insert anything into you anus which might affect the newly healed join in the bowel
• Attend your follow-up appointments
• Contact your STN for support as needed
• Notify your Ostomy Association after your reversal and return any unused supplies

Disclaimer  The information in this brochure:
• has been developed as a general guide only
• relates to adults only
Any concerns need to be discussed with your STN or doctor

Prepared by the  Australian Association of Stomal Therapy Nurses Inc. Education and Professional Development Subcommittee
Visit www.stomaltherapy.com and click on “Find a STN”

References:
• Improving bowel function after surgery for bowel cancer - practical advice. Available from Continence Foundation Australia

Review due 2019
Level 1V Evidence (Expert Opinion)
Surgery to reverse the stoma
Your surgeon will decide whether your stoma can be reversed (closed).
Some patients may need to have another operation to form an ileostomy for 3 – 6 months at the time of colostomy closure. Your surgeon will discuss this with you prior to the closure surgery.
A general anaesthetic is needed for the surgery and usually requires a hospital stay of up to 5 days. Fluid and diet will be introduced slowly to make sure your bowel is working properly before discharge.

Bowel function following reversal
Initially following stoma reversal you will pass very loose stools on a frequent basis (up to twelve times a day) and you may have little warning (urgency). This should gradually improve over following months as your bowel recovers.
There are many factors that will influence your bowel function following the closure of your stoma including (but not only):
- how much bowel was removed
- section of the bowel removed
- radiotherapy or chemotherapy
- previous bowel habits

Dietary recommendations
It is important to have a nutritionally balanced diet and good fluid intake whilst you recover: however you may need to modify your diet if you have loose and frequent bowel motions. To help slow the transit of faeces adjust your diet by:
- avoiding foods high in insoluble fibre such as wheat bran, skins on potatoes & fruit, as well as capsicum, cabbage, onions, beans, peas, corn, brussel sprouts, broccoli and fruit juices
- Eat more foods containing soluble fibre such as oats, barley, rye, legumes and peeled fruits
- Use white rice, white pasta and white bread instead of the brown versions
- Initially eat smaller meals often, and chew your food well

- Bulking agents can also help to thicken your stool: discuss this with your Stomal Therapy Nurse (STN)
- An anti-diarrhoea agent may be taken if diet alone doesn’t reduce the frequency and urgency of your motions. Discuss this with your STN, pharmacist or doctor
- Maintain adequate fluid intake to prevent dehydration
- Once your bowel starts to settle you can gradually return to your normal diet

Skin Care
Loose, frequent bowel motions and excessive wiping can irritate your peri-anal (bottom) skin and cause skin breakdown.

Skin protection tips
- Wash the area after each bowel motion
- Use a barrier cream or ointment to protect the skin
- Avoid rubbing the skin
- You may initially need to wear a pad in your underwear, particularly at night – panty liners or incontinent pads specifically made for faeces are suitable. Change each time they become soiled to avoid skin irritation.

Wound Care
You may have a dressing over the small surgical wound where your stoma was. Follow the hospital’s instructions for specific after-care and notify your STN of any concerns.

Pelvic Floor exercises
By practising these exercises on a daily basis (preferably before stoma reversal) you will improve your ability to “hold on”. Please see separate brochure from the Continence Foundation on how to perform these correctly.