Your Discharge – Other Considerations

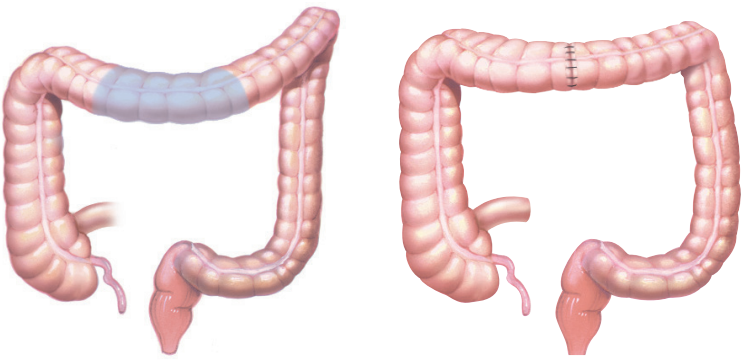
ACS AMERICAN COLLEGE OF SURGEONS

TEMPORARY OSTOMY – COLOSTOMY OR ILEOSTOMY CLOSURE

If your stoma is temporary, you may have another operation called an ostomy closure or reversal. The operation will reattach both ends of your intestine.[6]

The Procedure: A reversal is done when you are in good health and have fully recovered. The length of time varies (3 to 12 months), depending on if you need chemotherapy or other treatments.[6] The procedure may be done using minimally invasive techniques or may require a larger incision. The ends of the intestine may be stapled or sewn together.

The two ends of the intestine are reconnected.



The Preparation often includes a rectal exam to make sure that your sphincters (muscles that control bowel function) are strong. A CT scan, contrast enema, sigmoidoscopy or colonoscopy, and manometry may also be done.

The Complications: The average risk of complications is 10% (or one in ten people). The risks depend on the initial procedure and your overall health. Talk with your doctor about your risks and check the ACS Risk Calculator at http://riskcalculator.facs.org/

The Recovery: The average time in the hospital varies and may be as short as 3 days.

Bowel Recovery takes time, often 2-4 weeks for your bowel to get back to normal. You may have constipation or diarrhea. You may have to use pads for any bowel leakage. You may also have a sore bottom. It takes time for your anus to get used to having stool pass through it again. It may help after bowel movements to wash the skin with warm water and then pat dry. A barrier cream such as zinc or Vaseline can also help. Bowel frequency may continue to improve for many months.

Wound care will usually include steri-strips, wound glue or sutures. These closure materials will stay in place for about 7 – 10 days. To learn about wound care, go to: **facs.org/woundcare**.

Pain can often be managed with over-the-counter medications. Non-steroidal anti-inflammatory medicine (Ex. Ibuprofen, Motrin®, Aleve®) and Acetaminophen (Tylenol®) can be taken every 4 to 6 hours. However, please do not take any medicines prior to asking your surgeon. For pain that is severe and keeps you from sleeping or getting up and moving, a stronger opioid medication may be needed. You may be given a 3-day supply since most surgical patients report no severe pain by their 4th day after surgery. Go to facs.org/safepaincontrol for more information.

Nutrition is important to healing. You will return to a normal diet as soon as possible. Eating small amounts and low-fiber soft foods may be recommended for up to 4 weeks.

Activity after surgery includes getting up and walking in the hospital and at home. You may be able to resume normal activities in 2-4 weeks after surgery. You should not lift anything heavy (usually over 20 lbs.) for 6 weeks after surgery.

Your Discharge

Medical Professionals' Contact Information

My surgeon's name and number:

_____

My ostomy nurse's name and number:

_____

Other contacts (e.g., pouch supplier):

_____

Your Ostomy Care Supplies

Your current pouching system

Pouch brand:

_____

Product number:

_____

Circle all that apply:

- One-Piece or Two-Piece
- Barrier type: Pre-cut or Cut-to-Fit
- Barrier shape: Flat or Convex
- Order frequency: Per month or per 3 months
- Other Accessories: Barrier rings, adhesive remover, barrier spray, powder, tape, overnight drainage bag, support belt, other

If possible, have your supplies ordered for you before you leave the hospital. It may take 1 to 2 days for them to arrive. A discharge planner/case manager should meet with you to discuss options based on your insurance coverage. Leave the hospital with several days of supplies in case there is a delay.

Supplies can be ordered through a local medical equipment store, pharmacy, or a national Internet order company. You may need a prescription for ostomy supplies. If you have home health, they may assist in ordering your supplies. It is advised to only order a one-month supply at your first order, in case your pouch system changes with healing. You can also contact the United Ostomy Associations of America (ostomy.org) for suggestions.

Additional Ostomy Resources

Resources

American College of Surgeons Ostomy Home Skills Program and E-Learning Course
facs.org/ostomy | 1-800-621-4111

Wound, Ostomy and Continence Nurses Society (WOCN®)
wocn.org | 1-888-224-9626

United Ostomy Associations of America (UOAA)
ostomy.org | 1-800-826-0826

American Society of Colon and Rectal Surgeons (ASCRS)
fascrs.org

American Urological Association (AUA)
auanet.org

American Pediatric Surgical Association (APSA)
apsapedsurg.org

American Pediatric Surgical Nurses Association (APSNA)
apsna.org

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6. Sherman, K., & Wexner, S. Considerations of Stoma Reversal. *Clin Colon Rectal Surg*, 2017 30(3): 172-177. doi: 10.1055/s-0037-1598157
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