

Ileostomy or Colostomy Takedown

How to prepare and what to expect

This handout for patients having an ileostomy or colostomy takedown explains how to prepare, and what to expect after your surgery.

What is an ileostomy or colostomy takedown?

An ileostomy or colostomy *takedown* is surgery to reverse your ileostomy or colostomy.

How to Prepare

Starting 1 Week Before

- Do not take any aspirin or other products that affect blood clotting. Two of these are ibuprofen (Advil, Motrin, and others) and naproxen (Aleve, Naprosyn, and others). See the attached sheet for more information.
- You will stay in the hospital for 2 to 4 days after your procedure. Make plans with your family, friends, and employer as needed.



Be ready to stay in the hospital for 2 to 4 days after your surgery.

2 Days Before

- Do not shave any part of your body that you do not already shave every day. If you usually shave near your surgical site, do not shave that area for 2 days (48 hours) before your surgery.

24 Hours Before

- **Bowel prep:** You may need to prepare your bowel before your surgery. Follow the instructions your nurse gave you.
 - Most patients who are having an **ileostomy takedown** must be on a clear liquid diet the day before surgery.
 - Most patients who are having a **colostomy takedown** must take a laxative the day before surgery.

- **Shower:** Take a shower the night before your surgery.
 - Use the antibacterial soap your nurse gave you to wash your body from the neck down. Do **not** use the antibacterial soap on your face, hair, or private parts. (See the directions that came with the soap.)
 - Use your own soap and shampoo on your face, hair, and private parts.
 - Use clean towels to dry off, and put on clean clothing.
- **When to arrive for surgery:** The pre-surgery nurse will call you by 5 p.m. the night before your surgery. If you are having surgery on a Monday, the nurse will call you the Friday before. If you do not hear from the pre-surgery nurse by 5 p.m., please call 206.598.6334. The pre-surgery nurse will tell you when to come to the hospital and will remind you:
 - Not to eat or drink after a certain time
 - Which of your regular medicines to take or not take and to sip only enough water to swallow your pills

Day of Surgery

At Home

- **Shower:** Take another shower the morning of your surgery. Use the antibacterial soap and follow the same instructions as you did for your shower the night before surgery.
- **Do not eat or drink anything.** If the pre-surgery nurse told you to take any of your regular medicines, take them with only small sips of water.

At the Hospital

- **Heating blanket:** To warm your body and lower your risk of infection, you will be covered with a heating blanket while you wait to go into the operating room. Ask for a heating blanket if you do not receive one.

After Your Surgery

You will wake up in the recovery room. You will feel sleepy. You will have:

- A flexible tube called an IV (*intravenous*) tube in your vein. This will be used to give you medicine for pain and nausea.
- A *catheter* (thin, flexible tube) in your bladder to drain your urine. Most times, this is removed the day after surgery, when you can get up and use the bathroom.

- Leg wraps called *sequential compression devices* (SCDs). These wraps fill with air from time to time to help with blood flow in your legs. This helps keep blood clots from forming while you are not as active.

You may also have an *epidural catheter* in your back to give you pain medicine (see “Pain Control” below).

Incision Care

- Your incision will be in the same place that your ostomy was. It will be closed with either tape (*Steri-Strips*), glue, or staples.
 - Steri-Strips will fall off by themselves within 1 to 2 weeks.
 - Staples will be removed within 7 to 14 days.
- If your incision is left open, your nurses will teach you how to pack it with gauze for best healing.
- Most times, your dressing will be removed in 48 hours and you can shower.
- As you heal, there will be a thick ridge along your incision. This will soften and flatten out over several months.
- Check your incision every day for signs of infection:
 - Red skin spreading away from your incision
 - More swelling
 - More drainage
 - Opening of your incision

After you go home, call your doctor if you have any of these symptoms.

Pain Control

- For 1 to 2 days after your operation, you will most likely have *patient controlled analgesia* (PCA). This is a pump that allows you to give yourself pain medicine when you need it.
- If you and your anesthesiologist agreed that you would have an epidural catheter, you will also receive pain medicine through a tube in your back.
- When you can handle eating solid food, you will change from the PCA or epidural pain control to taking pain pills.

Nutrition

- You will not be allowed to eat anything on the day of your surgery. You will receive fluids through your IV to keep you hydrated.

- As your intestines recover from your surgery, you will pass gas. After this happens, you will be able to drink clear liquids.
- When you can handle clear liquids, your doctor will start you on a low-fiber/low-residue diet. See the handout your nurse gave you about this diet.
- After 4 to 6 weeks, you can slowly start adding fiber back into your diet.

Activity

- Walking every day will help speed your recovery. It will also help prevent blood clots in your legs and infection in your lungs (*pneumonia*).
- Do not take a bath, sit in a hot tub, or swim until your incision is healed. You may shower every day.
- For 4 weeks:
 - Do **not** lift anything that weighs more than 10 pounds. (A gallon of milk weighs over 8 pounds.)
 - Do **not** push or pull on heavy objects.
 - Do **not** do any activity that uses your abdominal muscles. This will help prevent a *hernia*. A hernia is when a part of your intestine bulges through a weak area of your abdominal muscle.

Bowel Movements

- After surgery, your bowel movements may not be regular. This is because the lower part of your *colon* (large intestine) has not been used in a while. It will take a few weeks for your body to recover.
- If part of your rectum was removed, your body cannot store as much stool as before. This means you may have bowel movements more often.
- If stool is leaking when you are not on the toilet, doing *Kegel exercises* may help. To do this exercise:
 - Tighten your anal muscle (*sphincter*) as if you were stopping a bowel movement.
 - Hold for a count of 10 and then relax for a count of 10.
 - Repeat as often as desired.
- If you have watery stool for more than 2 days, call your nurse. Watery stool can cause dehydration. Signs of dehydration are weakness, fatigue, urinating less than usual, dark-colored urine, feeling thirstier than usual, dizziness, or confusion.

- Prescription pain medicine (*opioids*) can cause constipation. If you are taking opioids, your doctor may prescribe stool softeners. If it has been 4 to 5 days since you had a bowel movement, call your surgeon's office.

When to Call

Call your doctor if you have:

- Bleeding or drainage that soaks your dressing
- A fever higher than 100.5°F (38°C)
- Shaking and chills
- Any sign of infection in your incision:
 - Redness
 - More pain
 - More swelling
 - Bad-smelling drainage
 - A change in the type or amount of drainage
- Nausea, vomiting, or both
- Concerns that cannot wait until your follow-up visit

Questions?

Your questions are important. Call your doctor or healthcare provider if you have questions or concerns.

Weekdays from 8 a.m. to 5 p.m., call:

- Surgical Specialties Center: 206.598.4477
- Seattle Cancer Care Alliance: 206.288.1000

After hours and on holidays and weekends, call 206.598.6190 and ask for the resident on call for your doctor to be paged.