

Overview

A colostomy creates a connection between the colon and the outside of the body. The contents of the bowel are allowed to drain into a bag. A colostomy may be temporary or permanent.

Who is a candidate for the procedure?

A colostomy may be performed for many reasons. A colostomy may be needed because of bowel infections, colon cancer, or severe inflammation of the bowel. The bowel may be obstructed, or injured. There may be inherited bowel problems, or bowel defects present at birth.

How is the procedure performed?

If the procedure is planned, bowel preparation is used. This means that the person takes bowel cleansers and follows a liquid diet for several days before the surgery. Usually, antibiotics are given to kill bacteria in the bowel. Bowel preparation helps lessen the risk of infection. It is not possible in emergency cases. A colostomy is done using general anesthesia. This means that the person is put to sleep with medicines and cannot feel pain. The person is put on an artificial breathing machine or ventilator, during the surgery. Antibiotics are usually given through an intravenous, or IV, before the surgery. The skin of the abdomen is cleaned with a substance that kills bacteria. The main incision is made into the abdomen. The colon is exposed and examined. The surgeon finds the area of colon he or she needs. This section of colon is brought out through the skin, usually through a separate cut in the abdomen. The colon is then attached to the skin of the abdomen with stitches. A hole is made in the colon to allow feces to drain out of the body. This opening to the outside of the body is called a stoma. The stoma is red and oval, and is like the skin on the inside of the lower lip. A drainage bag is attached to the skin immediately surrounding the stoma. This allows feces to be collected. The main abdominal incision is then closed.

What happens right after the procedure?

The person is taken to the surgery recovery room. The ventilator is turned off as soon as people can breathe on their own. Usually, at least a few days in the hospital are needed to recover. After the procedure, the bowel is allowed to rest. Food is not given until the bowel becomes active again. Bowels that are working pass gas and stool even when the person is not eating any food. Fluid and nutrition can be given through an IV until the bowel is working. Once people are able to eat, they can usually go home. Before leaving the hospital, people learn about colostomy care. The instruction is often done by an enterostomal therapist, or ET. The ET is usually a registered nurse who has had specialized training and is certified. The ET can provide support before surgery, and help detect problems after surgery. The ET helps with the fitting of the initial colostomy bags, and explains how to apply and take care of these appliances. Most importantly, the ET can give advice on day-to-day living with an ostomy. Support services such as the United Ostomy Association can also offer information. People are often concerned about changes in body image and sexuality. They can talk with ETs and other healthcare professionals about these concerns.

What happens later at home?

Colostomy bags need to be emptied and changed routinely. The person will get instruction on bag changing and other wound care. Otherwise, people can go back to their normal activities. Those with a temporary colostomy usually have a second surgery a few months later. This is to reattach the bowel and get rid of the colostomy. In these cases, bowel function often returns to nearly normal.

What are the potential complications after the procedure?

Several complications are possible with colostomy:

- » Any surgery carries a risk of bleeding, infection, and even death.
- » Antibiotics can cause allergic reactions, stomach upset, and other side effects, depending on the antibiotic used.
- » Skin irritation may result from feces that do not drain correctly.
- » Diarrhea, or the passage of frequent watery bowel movements, can occur. These watery bowel movements can leak under the drainage bag attachment and contribute to skin irritation.
- » Feces can become impacted, or accumulated in the bowel, and will not pass unaided into the colostomy bag.