

## Overview

An ileostomy is an artificial opening that is created in the bowel for stool to pass through. The ileum is the lower end of the small bowel, which connects to the large bowel. Treatment for some bowel diseases requires removal of part or all of the large bowel. If this is done, a new way for stool to leave the body must be created. In most cases, the artificial opening in the ileum is connected to the abdominal wall. The stool can then drain through an opening through the skin. The opening of the skin in the abdominal wall is called a stoma. An ileostomy may be temporary or permanent.

### Who is a candidate for the procedure?

Following are some examples of conditions that may require an ileostomy:

- » bowel infections
- » bowel injuries
- » bowel obstructions
- » cancer
- » conditions that cause severe bowel inflammation, such as Crohn's disease or Ulcerative Colitis

### How is the procedure performed?

A liquid diet will be used for several days before surgery. Bowel cleansers will be given before surgery. Antibiotics may be given to kill bacteria in the bowel. Bowel preparation can decrease the risk of infection, but it may not be possible in emergency cases. The abdomen is marked for placement of the stoma before surgery. When possible, the stoma is placed in the most convenient place for the person. Usually, the stoma is placed in the lower right part of the abdomen. An ileostomy is usually done using general anesthesia. The surgeon removes or interrupts the diseased bowel. In a traditional procedure, a part of the ileum is then brought out through the skin. The bowel opening is attached to the skin of the abdomen with sutures. A plastic bag with an adhesive facing is placed over the stoma and firmly pressed onto the skin. Someone who has a traditional ileostomy has continuous drainage of bowel contents into the bag. Alternatively, the surgeon may perform a continent ileostomy. A special pouch is created and attaches to the abdominal wall. There is no external bag with this type of ileostomy. The bowel contents do not drain constantly. The person inserts a narrow tube into the pouch several times a day to drain the bowel contents.

### What happens right after the procedure?

The person often spends 5 to 7 days in the hospital after an ileostomy. Stool should start draining from the stoma about 72 hours after surgery. Food is not given until the bowel becomes active again. Before the person leaves the hospital, he or she is taught to care for the ileostomy. Advice regarding day-to-day living with an ostomy is given. The individual may be referred to support services, such as the United Ostomy Association.

### What happens later at home?

The person with a traditional procedure has no muscle control over the stoma. Stool discharge is continuous and liquid. Drainage bags, or pouches, must be worn at all times. The size of the opening and the pouch size will vary at first. The stoma is often checked 3 weeks after surgery, when swelling has gone away. The final size and type of appliance is selected after approximately 3 months, when the person's weight and stoma size are stable. Bag changing and other wound care should be done as instructed. A low residue diet is followed for the first 6 to 8 weeks. Strained fruits and vegetables may be given. Later, there may be few dietary restrictions. Foods that are high in fiber are generally avoided. Otherwise, normal activity is usually permitted after recovery.

### What are the potential complications after the procedure?

Surgery may cause bleeding, infection, and allergic reaction to anesthesia. Antibiotics can cause allergic reactions and stomach upset. The ileostomy itself may cause problems, including the following:

- » incisional hernia, or bulging of bowel through the incision
- » narrowing of the stoma
- » scar tissue and bowel obstruction
- » skin irritation from stool that leaks under the drainage bag

Any new or worsening symptoms should be reported to the healthcare provider.