

Article 2952

Overview

An ileostomy is an artificial opening that is created in the bowel for stool to pass through. The ileum is the lower part of the small bowel, which connects to the large bowel. Treatment for some bowel diseases requires removal of part or the entire 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 in the skin. The opening of the skin in the abdominal wall is called a stoma. An ileostomy may be temporary or permanent. A team of people, including a surgeon, nurse, social worker, and dietitian, may provide ileostomy education and initial care. An enterostomal therapist, who is usually a registered nurse with specialized training, might also assist with care. Care might extend well past the initial hospital stay.

Who is a candidate for the procedure?

Examples of conditions that may require an ileostomy include:

- » 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?

Ileostomy education begins before surgery. The healthcare providers may use diagrams, photographs, and examples of equipment to explain what the person can expect after surgery. Concerns related to changes in body image and sexuality can be explored. 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 right lower 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 with 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?

Careful skin care and a well-applied pouch will help to prevent skin problems. The healthcare provider will assist with the initial choice and fitting of the appliance. Most pouches are odor-resistant and disposable. The appliance is emptied every 4 to 6 hours. An emptying spout is located at the bottom of the appliance. The appliance is usually changed every 5 to 7 days. Before a fresh pouch is applied, the skin around the stoma is gently cleansed with a mild soap and patted dry. A gauze dressing may be used to cover the stoma during cleansing. If irritation or a yeast infection is present, the healthcare provider may order nystatin powder to be used on the skin around the stoma. A skin barrier, which might be a wafer or paste, is then applied. The backing of the adhesive surface of the pouch is removed, and the bag is pressed down firmly around the stoma. A person receiving an ileostomy has many questions about lifestyle changes. Family relationships, sexual function, and body image are all areas of concern to be discussed with a healthcare provider. Adjustment to life with an ileostomy and monitoring for complications will be parts of an ongoing process.

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 is stable. Bag changing and other wound care should be done as instructed. A low-residue diet, including items such as strained fruits or vegetables, is followed for the first 6 to 8 weeks. Later, there are few dietary restrictions. Foods that are high in fiber, have hard-to-digest kernels, or are odor-producing may need to be avoided. A dietitian can help the person establish a balanced diet. Fluid loss can be a problem in the summer, because perspiration adds to the fluid lost through the ileostomy. Electrolytes can be lost. Sports drinks containing electrolytes may be helpful in maintaining good fluid balance and avoiding dehydration and salt imbalance. Visits from home healthcare nurses or therapists can help with questions of day-to-day living. Referrals may be given to support organizations, such as the United Ostomy Association.

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