

COLOSTOMY/ILEOSTOMY CARE POST-OPERATIVE INSTRUCTIONS

A colostomy or ileostomy is a surgical opening in the abdomen in which the colon (large intestine) or small intestine (ileostomy) is brought to the skin surface. The end of the colon or small intestine brought to the skin surface is called the stoma, (a Greek word for "opening"). The stoma becomes the exit for all bowel movements and gas. Having a colostomy or ileostomy should not affect your ability to eat and digest food. Since there is no muscle around the stoma, you are not able to control when stool passes out of your body. Therefore, an odor proof pouch is applied to your skin, around the stoma, and collects the stool and gas.

An ileostomy is generally temporary and placed in order to divert stool in order for a portion of the colon to heal. A colostomy may be temporary or permanent. A temporary colostomy is placed in order to divert stool in order for a portion of the colon to heal. A permanent colostomy may be needed for a variety of reasons. This type of colostomy will not be closed in the future. The stoma will be the permanent exit for the stool.

Having a new stoma, whether temporary or permanent, can be emotionally difficult. However, care of the stoma itself should not be difficult. Prior to discharge from the hospital, you will be seen by an enterostomal therapist, who is an individual specifically trained in stoma care and who will spend time with you instructing you on the proper care of your new stoma. Ileostomies usually drain liquid stool, whereas colostomies tend to drain more solid stool. If you have an ileostomy, you are more prone to dehydration from excessive diarrhea. Occasionally, Imodium is necessary to control the diarrhea.

The most important factor for proper stoma care is to ensure a good fit of the stoma appliance. If the appliance is not fitted correctly, you can have problems with leaking and subsequent skin irritation and breakdown. It is always easier to prevent this complication than to treat it. If you are having problems with your stoma once you are discharged, you should contact the Home Health Agency, who is providing your outpatient follow-up. You can also call our office, and we can contact the stoma nurse for you.

If your stoma is temporary, you can typically expect that it will be reversed in 3-6 months. If you have a colostomy, you will require another surgery to reverse it through a midline incision. If you have an ileostomy, you will also require additional surgery, but the operative procedure is less invasive, and can often be accomplished without reopening your midline incision. Expect 5-7 days in the hospital after stoma reversal.

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