

# Colostomy Reversal Surgery

A colostomy reversal is a surgical procedure that is done to reverse a colostomy. In this reversal procedure, the large intestine is disconnected from the opening in the abdomen (*stoma*). Then, the changes that were made to the intestine during the colostomy will be reversed to restore the flow of stool through the entire intestine. Depending on the type of colostomy being reversed, this may involve one of the following:

- Reconnecting the two ends of the intestine that were separated during colostomy surgery.
- Closing the opening that was made in the side of the intestine to allow stool to be redirected through the stoma.

After this surgery, a stoma and colostomy bag are no longer needed. Stool (*feces*) can leave your body through the rectum, as it did before you had a colostomy.

## Tell a health care provider about:

- Any allergies you have.
- All medicines you are taking, including vitamins, herbs, eye drops, creams, and over-the-counter medicines.
- Any problems you or family members have had with anesthetic medicines.
- Any blood disorders you have.
- Any surgeries you have had.
- Any medical conditions you have.
- Whether you are pregnant or may be pregnant.

## What are the risks?

Generally, this is a safe procedure. However, problems may occur, including:

- Infection.
- Bleeding.
- Allergic reactions to medicines.
- Damage to other structures or organs.
- A temporary condition in which the intestines stop moving and working correctly (*ileus*). This usually goes away in 3–7 days.
- A collection of pus (*abscess*) in the abdomen or pelvis.
- Intestinal blockage.
- Leaking at the area of the intestine where it was reconnected (*anastomotic leak*) or where the opening of the stoma was closed.
- Narrowing of the intestine (*stricture*) at the place where it was reconnected.
- Urinary and sexual dysfunction.

## What happens before the procedure?

### Medicines

Ask your health care provider about:

- Changing or stopping your regular medicines. This is especially important if you are taking diabetes medicines or blood thinners.
- Taking medicines such as aspirin and ibuprofen. These medicines can thin your blood. **Do not** take these medicines unless your health care provider tells you to take them.

- Taking over-the-counter medicines, vitamins, herbs, and supplements.

### Staying hydrated



Follow instructions from your health care provider about hydration, which may include:

- Up to 2 hours before the procedure – you may continue to drink clear liquids, such as water, clear fruit juice, black coffee, and plain tea.

### Eating and drinking restrictions

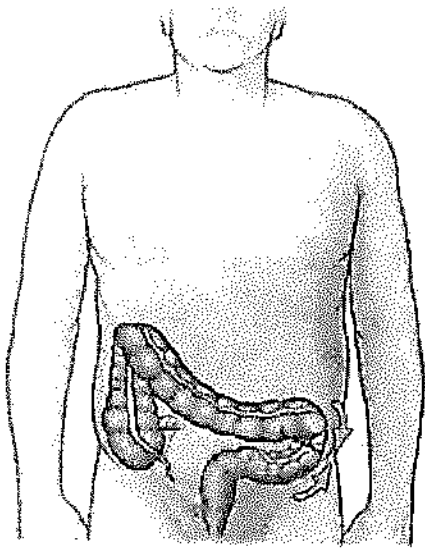
Follow instructions from your health care provider about eating and drinking, which may include:

- 8 hours before the procedure – stop eating heavy meals or foods, such as meat, fried foods, or fatty foods.
- 6 hours before the procedure – stop eating light meals or foods, such as toast or cereal.
- 6 hours before the procedure – stop drinking milk or drinks that contain milk.
- 2 hours before the procedure – stop drinking clear liquids.

### General instructions

- You may have an exam or testing.
- Plan to have someone take you home after the procedure.
- Plan to have a responsible adult care for you for at least 24 hours after you leave the hospital or clinic. This is important.
- **Do not** use any products that contain nicotine or tobacco, such as cigarettes, e-cigarettes, and chewing tobacco. These can delay incision healing after surgery. If you need help quitting, ask your health care provider.
- Ask your health care provider what steps will be taken to help prevent infection. These may include:
  - Removing hair at the surgery site.
  - Washing skin with a germ-killing soap.
  - Antibiotic medicine.

### What happens during the procedure?



- An IV will be inserted into one of your veins.
- You may be given:
  - A medicine to help you relax (*sedative*).
  - A medicine to make you fall asleep (*general anesthetic*).
- An incision will be made in your abdomen at the site of the stoma.
- The large intestine will be disconnected from the abdomen at the site of the stoma.
- The next steps will vary depending on the type of colostomy reversal surgery you are having. There are two main types:
  - End colostomy reversal. The surgeon will use stitches (*sutures*) or staples to reconnect the two ends of the intestine that were separated during the end colostomy.
  - Loop colostomy reversal. The surgeon will use sutures or staples to close the opening in the intestine that had been allowing stool to be redirected through the stoma. The intestine will then be put back into its normal position inside the abdomen.
- The incision will be closed with sutures, skin glue, or adhesive strips. It may be covered with bandages (*dressings*).

The procedure may vary among health care providers and hospitals.

### **What happens after the procedure?**

- Your blood pressure, heart rate, breathing rate, and blood oxygen level will be monitored until you leave the hospital or clinic.
- You will be given pain medicine as needed.
- You will slowly increase your diet and movement as told by your health care provider.

### **Summary**

- A colostomy reversal is a surgical procedure that is done to reverse a colostomy. After this surgery, stool (*feces*) can leave your body through the rectum, as it did before you had a colostomy.
- Before the procedure, follow instructions from your health care provider about taking medicines and about eating and drinking.
- During the procedure, your colostomy will be reversed, and the incision will be closed with sutures, skin glue, or adhesive strips. It may be covered with bandages (*dressings*).
- After the procedure, you will slowly increase your diet and movement as told by your health care provider.

This information is not intended to replace advice given to you by your health care provider. Make sure you discuss any questions you have with your healthcare provider.

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