Brochure Code:
CR05

Procedure Name:
Closure of Loop Ileostomy

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What is closure of a loop ileostomy?
A loop ileostomy was made at your original operation to allow the joined ends of your bowel a chance to heal properly. A loop ileostomy is a type of stoma (opening of the bowel onto the skin) and was made with two ends of your small bowel (ileum) (see figure 1). It was expected that this would be only temporary and that the bowel ends would be put back together.

Your surgeon is now satisfied that the join in the large bowel has healed well enough and has recommended having the ileostomy reversed. Your bowels will then open in the usual way. However, it is your decision to go ahead with the operation or not. This document will give you information about the benefits and risks to help you make an informed decision.

If you have any questions that this document does not answer, you should ask your surgeon or any member of the healthcare team.

What are the benefits of surgery?
Surgery will allow you to open your bowels in the normal way and you will no longer have a stoma bag.

What will happen if I decide not to have the operation?
You can continue to have the loop ileostomy if you prefer. Your bowel will continue to open onto the skin and you will need to carry on using a stoma bag.

What does the operation involve?
- **Before the operation**
  You may be given an enema to clean out your large bowel. This will make it easier to move faeces through the large bowel after the operation.
  Your surgeon may recommend that you are looked after under an enhanced recovery programme to help you recover more quickly after the operation. You will be asked to drink some fluids that are high in carbohydrates to give you energy for the operation.
  The healthcare team will carry out a number of checks to make sure you have the operation you came in for. You can help by confirming to your surgeon and the healthcare team your name and the operation you are having.

- **The operation**
  The operation is performed under a general anaesthetic and usually takes about three-quarters of an hour. You may also have injections of local anaesthetic to help with the pain after surgery. You may be given antibiotics during the operation to reduce the risk of infection.
Your surgeon will make a cut in the skin around the ileostomy. They will free up the loops of small bowel used to make the ileostomy. Your surgeon will then join the two ends back together and place the loops back inside the abdominal cavity. At the end of the operation, they will close the cut. Your surgeon will not usually need to cut through your old scar and this operation is usually much smaller than your previous operation.

What should I do about my medication?
You should make sure your surgeon knows the medication you are on and follow their advice.
You may need to stop taking warfarin or clopidogrel before your operation.
If you are a diabetic, it is important that your diabetes is controlled around the time of your operation. Follow your surgeon’s advice about when to take your medication.
If you are on beta-blockers to control your blood pressure, you should continue to take your medication as normal.

What can I do to help make the operation a success?
If you smoke, stopping smoking several weeks or more before an operation may reduce your chances of getting complications and will improve your long-term health.
Try to maintain a healthy weight. You have a higher chance of developing complications if you are overweight.
Regular exercise should help prepare you for the operation, help with your recovery and improve your long-term health. Before you start exercising, ask a member of the healthcare team or your GP for advice.

What complications can happen?
The healthcare team will try to make your operation as safe as possible. However, complications can happen. Some of these can be serious and can even cause death (risk: 1 in 200). You should ask your doctor if there is anything you do not understand. Any numbers which relate to risk are from studies of people who have had this operation. Your doctor may be able to tell you if the risk of a complication is higher or lower for you.

1 Complications of anaesthesia
Your anaesthetist will be able to discuss with you the possible complications of having an anaesthetic.

2 General complications of any operation
• Pain, which happens with every operation. The healthcare team will try to reduce your pain. They will give you medication to control the pain and it is important that you take it as you are told so you can make a good recovery.
• Bleeding during or after surgery. This is usually not serious.
• Infection of the surgical site (wound) (risk: less than 7 in 100). To reduce the risk of infection it is important to keep warm around the time of your operation. Let a member of the healthcare team know if you feel cold. In the week before your operation, you should not shave the area where a cut is likely to be made. Try to have a bath or shower either the day before or on the day of your operation. After your operation, you should let your surgeon know if you get a temperature, notice pus in your wound, or if your wound becomes red, sore or painful. An infection usually settles with antibiotics but you may occasionally need another operation.
• Chest infection. After the operation, deep breathing and physiotherapy will help to prevent a chest infection.
• Unsightly scarring of the skin.
• Difficulty passing urine. You may need a catheter (tube) in your bladder for a day or two.
• Developing a hernia in the scar, caused by the deep muscle layers failing to heal. This appears as a bulge or rupture called an incisional hernia. If this causes problems, you may need a further operation.
• Blood clots in the legs (deep-vein thrombosis), which can occasionally move through the bloodstream to the lungs (pulmonary embolus), making it difficult for you to breathe. The healthcare team will assess your risk. Nurses will encourage you to get out of bed soon after surgery and may give you injections, medication or special stockings to wear.

3 Specific complications of this operation
• Anastomotic leak. This is a serious complication that may happen if the join (anastomosis) between the ends of the bowel fails to heal, leaving a hole. Bowel contents leak into the abdomen, leading to pain and serious illness. This often needs another operation (risk: 2 in 100).
• Bowel obstruction caused by the join swelling or adhesions (scar tissue) inside the abdomen. This usually settles after a few days.
• Diarrhoea, which is quite common but should gradually improve with time. Your surgeon may give you medication to reduce this problem.

How soon will I recover?

• In hospital
After the operation you will be transferred to the recovery area and then to the ward. Over the next few days you will gradually be allowed to drink and then eat normally. If you are being looked after under an enhanced recovery programme, the healthcare team will encourage you to drink and eat as soon as you feel able. They will also help you to get out of bed and walk around the ward on the first day after the operation. Sometimes the join becomes swollen and does not allow fluid to pass. Your tummy will be bloated for a couple of days and you may feel sick.

The healthcare team will tell you if you need to have any stitches removed or dressings changed. You should be able to go home after three to five days (or up to two to three days earlier if you are in an enhanced recovery programme). However, your doctor may recommend that you stay a little longer. If you are worried about anything, in hospital or at home, contact a member of the healthcare team. They should be able to reassure you or identify and treat any complications.

• Returning to normal activities
You should feel strong enough to return to normal activities within a few weeks of going home. Regular exercise should help you to return to normal activities as soon as possible. Before you start exercising, you should ask a member of the healthcare team or your GP for advice. Do not drive until you are confident about controlling your vehicle and always check with your doctor and insurance company first.

• The future
Most people make a good recovery. You will be followed up as planned after your original operation.

Summary
Surgery to join the two ends of your bowel back together should allow you to open your bowels in the normal way. You will no longer need a stoma bag. Surgery is usually safe and effective. However, complications can happen. You need to know about them to help you make an informed decision about surgery. Knowing about them will also help to detect and treat any problems early.