

Stoma reversal information

Now you have had your stoma reversed it may take some months for your bowel to adapt, and you may not have the same function as you did before your original operation.

Factors such as:

- how much, and what section of bowel was removed
- the health of the remaining bowel
- any treatments you're having, such as chemotherapy
- anal sphincter tone
- what you find acceptable

will all have an impact on the outcome of your reversal.

Some of the problems you may experience include:

Loose stools

In the beginning this is very common because the lower part of your bowel has not been used for a while. Loperamide can be helpful for some patients but should only be taken following advice from a healthcare professional (such as Stoma Care Nurse or GP). Eating a low fiber diet (explained later) can help to minimize bulk which can harm the join.

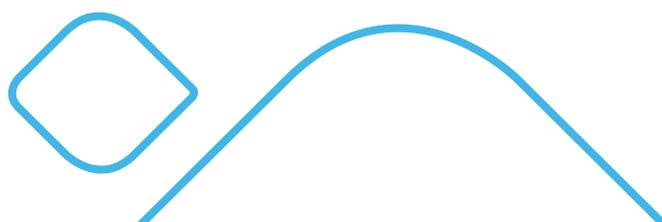
Frequency and incontinence

It is not uncommon for you to need to go to the toilet several times a day, and you may pass only small amounts of stool. You can also experience urgency. Pelvic floor exercises will help this, especially if done from when your stoma is formed. Please ask if you need a advice leaflet on how to do pelvic floor exercises.

Sore back passage

Loose, frequent stools, with acidic content may cause skin irritation. Good hygiene is vital in preventing this, so washing with warm water and "patting" dry will help. Barrier cream (sudocreme) can be helpful.

Wearing a pad inside your pants may also help give you confidence if caught short.



Hernias

Following surgery you still have an increased risk of developing a hernia. Holding your wound site whilst coughing or straining will help this, and gentle abdominal exercises may also strengthen the muscles.

Dietary advice

It may take your digestive system some time to settle down. Eating small, regular meals may help, and a low fiber diet may help with the frequency and consistency of your stool. Try to avoid the following in the first two to three weeks after your re-join:

- Wholemeal, wholegrain and granary products (choose cereals and baked goods made with white flour)
- Fruits with tough skins, pith or seeds.
- Dried fruit & nuts
- Vegetables with skins, seeds or 'stringy' texture
- Potato skins

You may also like to be cautious with caffeine as this increases bowel activity, and certain sweeteners i.e sugar free products as these can produce laxative effects.

Gradually reintroduce fiber, caffeine & sweeteners back into your diet as things settle.

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If you would like this leaflet in email form, large print, braille or another language, please contact the Patient Support and Complaints team on 01225 825656.