

Information on Stomas

The word stoma is derived from the Greek word for a mouth or opening. Many different people of all ages, from babies to the elderly, may need a stoma and for many different reasons - as a result of Crohn's disease, ulcerative colitis, bowel disorders or bowel cancer. If you have any questions or concerns about any aspect of bowel cancer, please call our **Bowel Cancer Advisory Service on freephone 0800 8 40 35 40**

If there is disease or a blockage preventing the bowel from working properly, the surgeon will recommend surgery to remove the affected area of the bowel and in some cases this will involve the formation of an abdominal stoma.

A stoma is formed when a section of bowel is brought out and attached to the abdomen. This allows for the external collection of waste in a bag or pouch. The type of stoma you have will depend upon the type of surgery you need.

The two main types used in bowel cancer are **loop** or **end colostomy/ileostomy**. A **colostomy** is an opening of the large bowel (colon); an **ileostomy** is an opening from the small intestine (ileum).

- **Loop:** A loop of the colon or ileum is brought to the surface through a small incision. The cut bowel forming the stoma is then stitched onto the skin. A loop colostomy/ileostomy can be reversed after 8–12 weeks or at the end of treatment.
- **End:** An end colostomy is used if a major part of the colon needs to be removed or there is a low rectal cancer. The cut end is brought up to the body surface where the stoma is formed. If the whole of the colon is to be removed, an end ileostomy is formed using the same technique. This type of stoma is often permanent.

Having a stoma is always designed to improve your current situation, for example to reduce pain, remove disease or improve general health. The stoma may be temporary, to allow your bowel to recover following surgery, or permanent. Permanent stomas are only formed if the bowel is too damaged by your illness to recover.

Pre-operative procedure

If you need a stoma, your surgeon will discuss which type is best for you and whether it is to be temporary or permanent. A specialist stoma care nurse will be available to discuss any concerns you or your family may have. They will be able to explain all aspects of stomas and their care, and also find out more about your lifestyle needs.

From this discussion, the nurse will be able to decide the best position for your stoma to ensure its easy care and before your surgery will mark this on your abdomen, so that the surgeon can see the decided position.

Post-operative procedure

Following surgery, your bowel may take a while to start working again as it has been handled during your operation. Your bowel should start making sounds (rumbling, wind) after about 2-3 days and you should start having bowel motions after about 4-5 days. Eating and drinking needs to be gradually reintroduced over a period of a few days to allow your bowel to adjust. You may find that your recovery is either quicker or longer than this. This is normal, everyone is different. Your bowel motions may also vary in colour and consistency for a while after surgery. Again, this is normal but if you are worried you can discuss it with your stoma nurse. Your bowel habits and control will improve with time.

Pain control will have been discussed with you prior to surgery. However, if you are experiencing pain, it is important to let your doctor or nurse know immediately. They can easily review your medication and ensure that you are as comfortable as possible.

During your time in hospital, you will be taught how to care for your stoma. You should be given enough products to allow you to experiment with them and find out what works best for you. If you or your family are having any difficulties with the equipment, your stoma care nurse will be able to help.

Stoma equipment

These days, there is a good selection of discreet disposable pouches or bags which fit neatly under people's usual clothes, swimwear etc. Generally, people with an ileostomy wear a drainable bag so that they can empty it 4–6 times a day and change it every few days. People with a colostomy, where the bowel motions are usually more solid, often wear a smaller, non-drainable bag that they can change once or twice a day. All stoma products are very discreet. They are flat, odour-proof, rustle-free and undetectable beneath clothes. No-one needs to know you are wearing a bag unless you choose to tell them.

Before your discharge from hospital, the stoma care nurse will teach you how to care for your stoma independently and with confidence, and will make sure you have appropriate and sufficient stoma products. She/he will also stay in contact. You will be told how to get more products through your GP and/or practice nurse, and how to get help if you have any questions or concerns. All stoma products are available on prescription which after April 1, 2009 will be free to cancer patients.

Going Home

You will probably be fit to go home about 1-2 weeks after surgery. Leaving hospital can be a very traumatic time for anyone with a new stoma. You may feel very alone. However, it is important to remember that you will have contact with your stoma care nurse even when you are at home. Don't be afraid to call if you have a problem.

It is not unusual for your normal bowel habit to be altered following the removal of a part of your bowel. This is because part of the job of the large bowel is to remove water from the waste as it passes through the bowel before being eliminated from the body. When a portion is removed during surgery, there is less area for this to occur in so the stools you pass are more liquid. You may want to modify your diet for the first few weeks after surgery as you get used to looking after your stoma before returning to your usual diet.

Some dietary modifications that that may help in the first few weeks are listed below:

- Drink at least 8 cups of fluid per day (try to avoid fizzy drinks)
- Eat small, frequent, and regular meals
- Reduce or avoid high fibre foods e.g fruit and vegetables

- Choose foods with low fibre content: white bread, white rice, pasta, fish, meat, eggs, milk, cheese and yoghurt
- Reintroduce new foods one at a time to gauge how your bowel will respond
- Return to a healthy, balanced diet in your own time

But do enjoy what you eat!

Holidays

There is no reason why you should not go on holiday after your operation, but you should wait until you have had your post-operative check up. You should take some spare stoma products with you in your hand luggage, in case your main suitcases are delayed. Your GP can advise you on any medication to take in the case of travel diarrhoea etc.

Returning to work

You should only return to work when you feel ready. You should avoid work that involves heavy lifting until you have completely recovered.

Driving

You should be able to drive about 6 weeks after surgery. You should ensure you are fit enough to be able to act quickly if required, for example be able to do an emergency stop.

Sexual Activity

There are no medical reasons to stop you continuing with your normal sex life following recovery from surgery. However, you may have body image issues which may impact on this area of your life. It is important to discuss these with your partner. Your stoma care nurse will be happy to talk through any concerns you might have.

Psychological Issues

Try to remember that recovery from major abdominal surgery can take a long time. Some days you will feel well and other days you may feel very tired or tearful. This is all normal. If you are concerned about any aspect of your surgery, recovery or stoma care, speak to a member of your specialist team. They are there to help you.

Further Sources of Help

The Ileostomy and Internal Support Group

[formerly the Ileostomy Association]

Peeverill House, 1-5 Mill Road

Ballyclare, Co Antrim, BT39 9DR

www.the.ia.org.uk

Tel: 0800 0184724

E-mail: info@iasupport.org

You may find the following additional factsheets helpful:

- Going home
- Eating after bowel surgery
- Staying healthy after bowel cancer

The British Colostomy Association

2 London Court, East Street

Reading, RG1 4QL

www.bcass.org.uk

Helpline 0800 328 4257 9am-5pm

Email: cass@colostomyassociation.org.uk

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For further information contact the Bowel Cancer Advisory Service on: (Freephone) 0800 8 40 35 40

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