

# Stoma Reversal

- Lee Gavegan
- Stomal Therapy Nurse
- ONL
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# Disclaimer

Please note this Power Point is for educational purposes only.

Should you have any questions please see your GP, Health Professional, or Stomal Therapy Nurse.

Any images or mention of product is done with no intent to favour any company, as all are equally respected.

# Aim



Identify your stoma type



Understand what *your*  
reversal surgery involves



Hospital accessories



Exercises



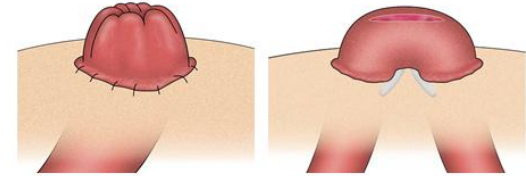
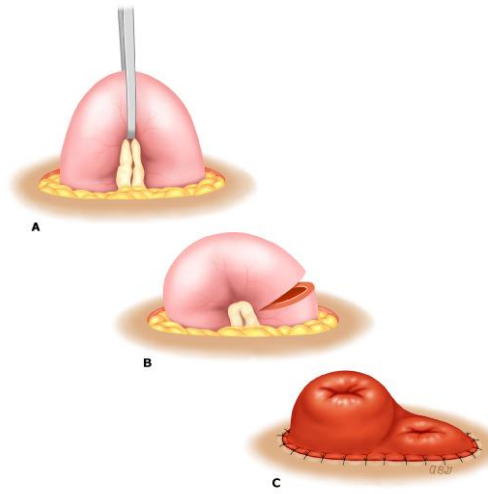
End  
stoma



Loop  
stoma



Two stomas



End Stoma

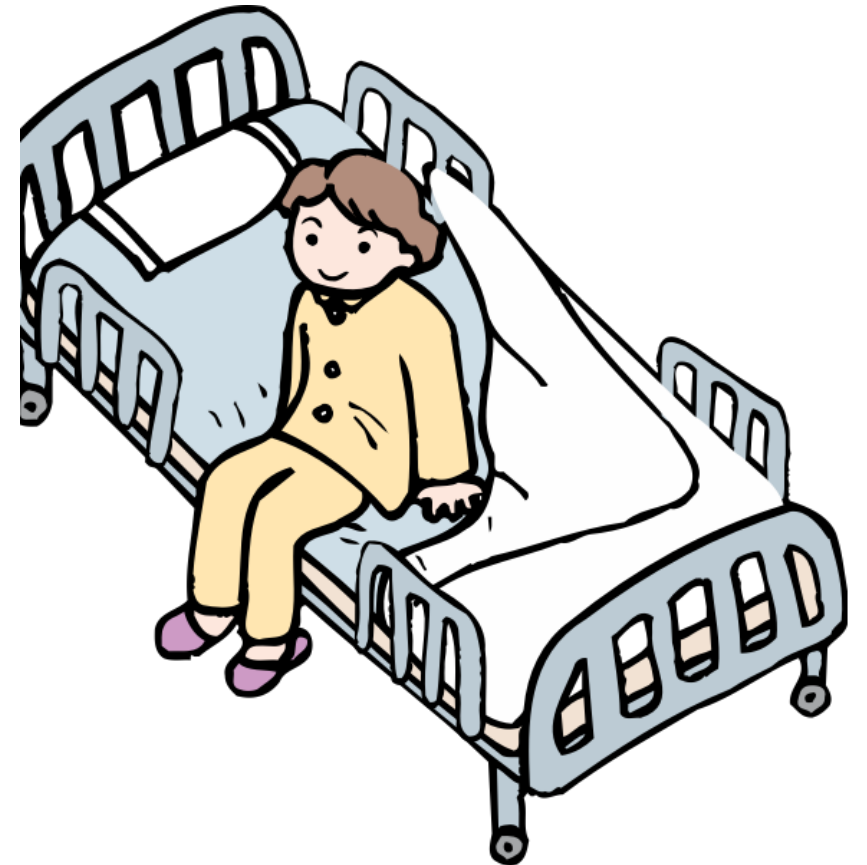
Loop Stoma

What type of stoma do you have?

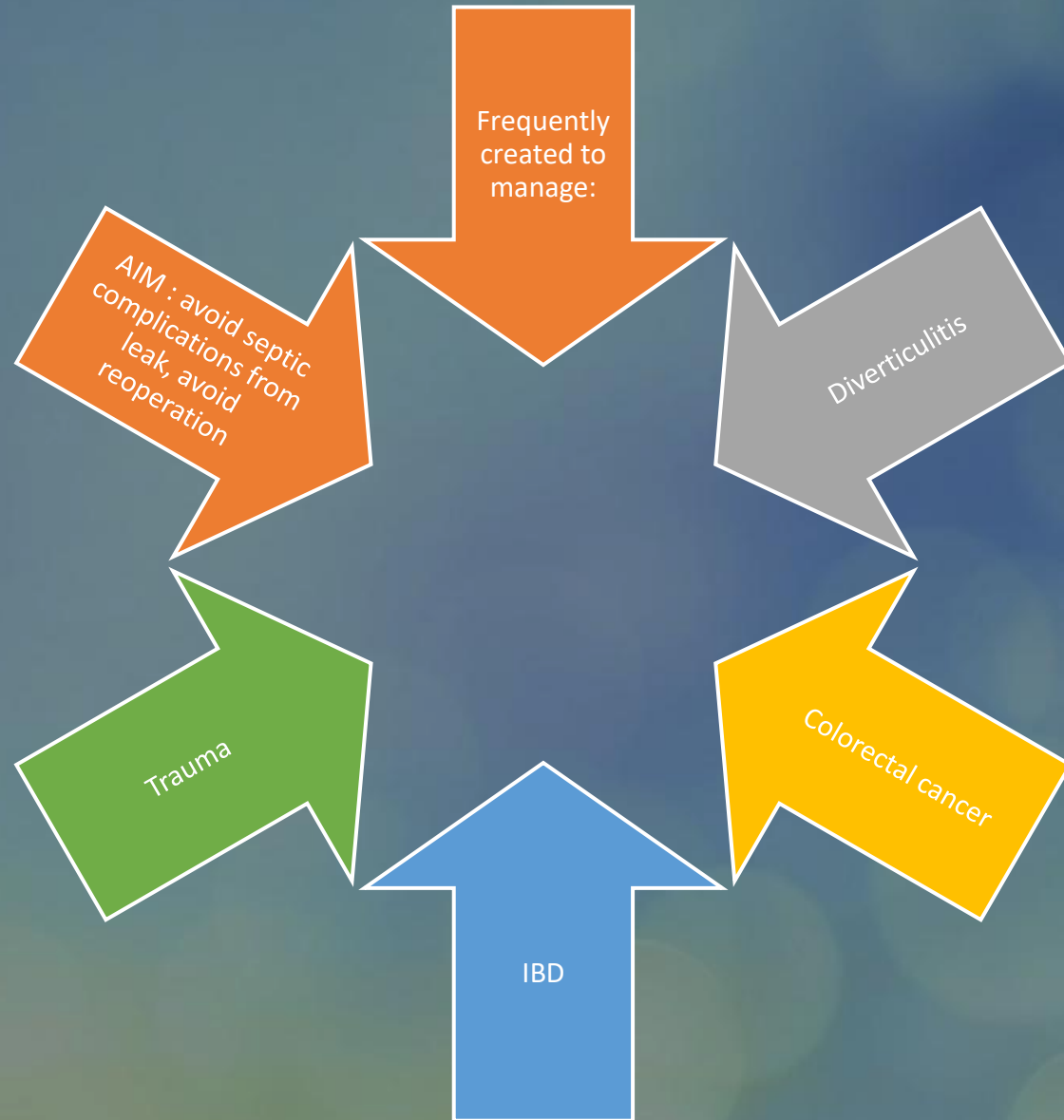
# Reversal of your stoma

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- Decision by surgeon & yourself
- *Usually* 3-6 months after stoma creation
- Assess readiness for reversal by contrast study (Gastrograffin enema), DRE, endoscopic evaluation, blood tests, scans, ECG, anaesthetic review
- General anaesthetic
- Length of stay 3-5 days depending on your recovery
- Laparoscopic (keyhole) or open?



# Temporary stomas

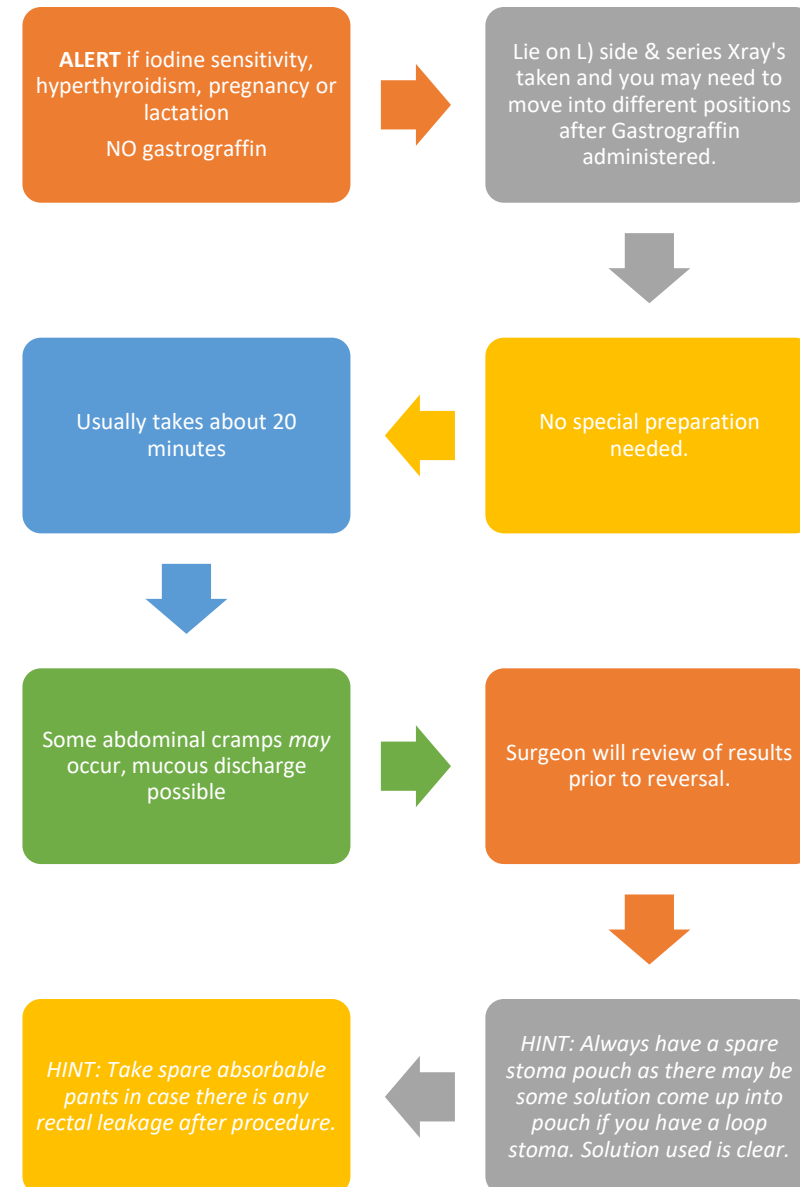




# Gastrograffin Enema

- **Gastrograffin Enema** is a radiological procedure.
- Insertion of water based dye into rectum by a tube (usually a Foley catheter), to show outline of colon, rectum & anus
- Check join (anastomosis) is intact, not narrowed (stricture) or leaking prior to planned reversal

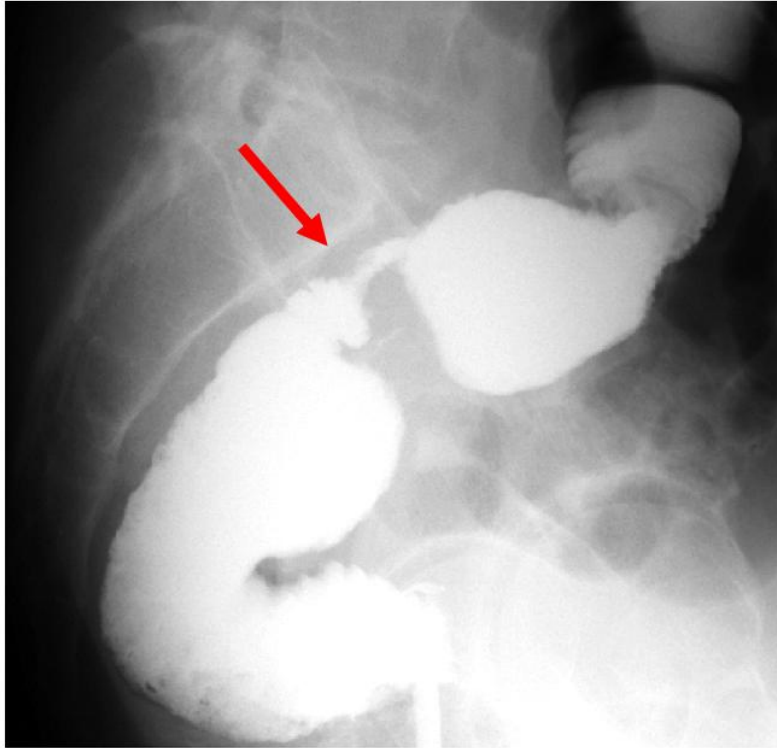
# Process





# Xray

**Narrowing or stricture**



**Leak**

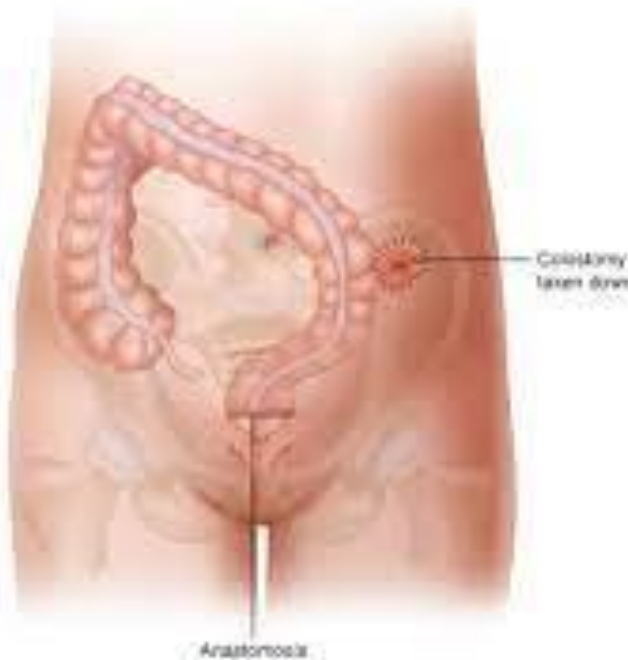


# End Stomas

Takedown of colostomy



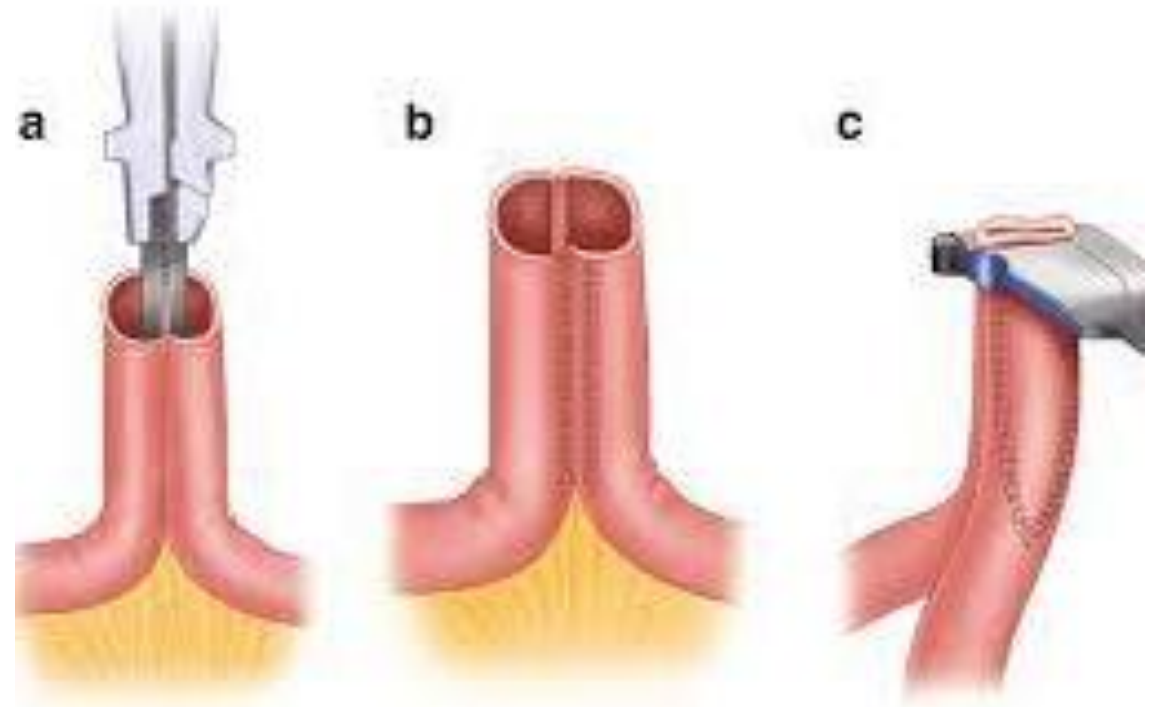
Side colon to end rectum colo-proctostomy



- Generally no Gastrograffin Enema
- Surgeon may ask for a small enema to clear mucous from rectal stump (often given at hospital, on admission prior to surgery)
- End colostomy may have another stoma created as a diversion while join is healing!!!
- *HINT*: Should always be sited for possible covering ileostomy when descending colostomy being reversed.

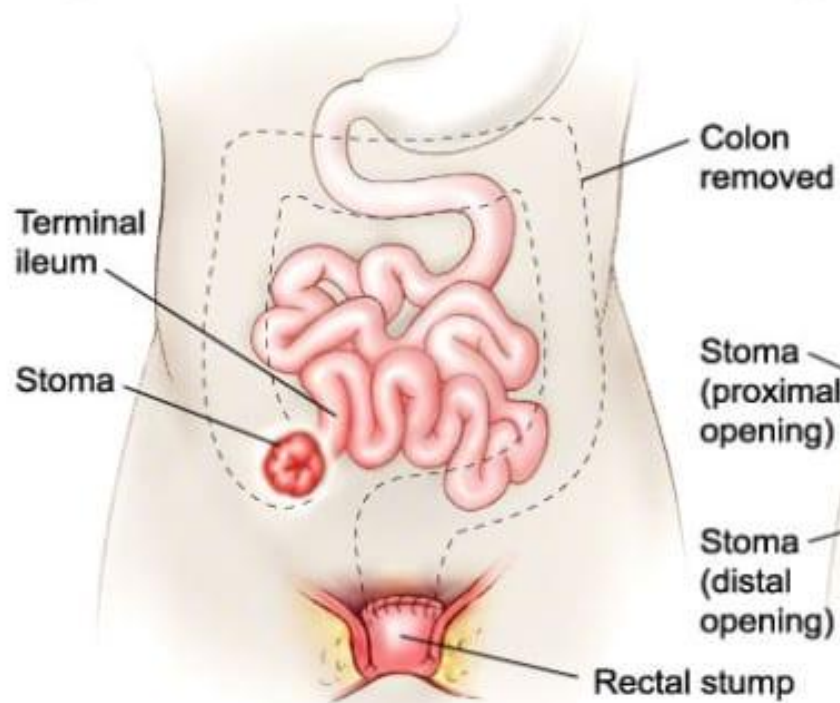
# Reversal of Loop

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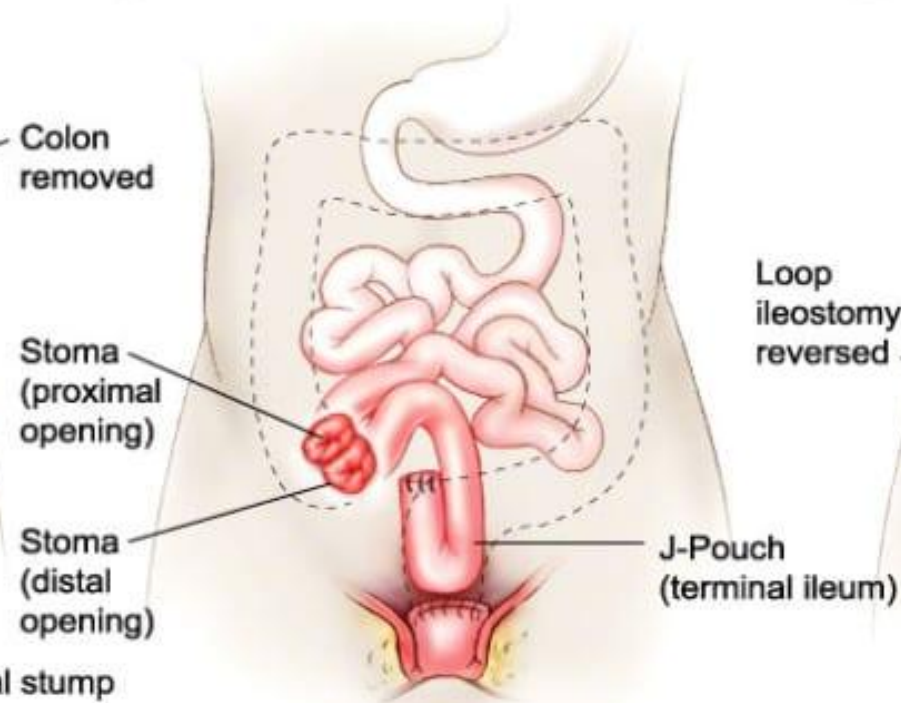


### 3-Stage J-Pouch Surgery

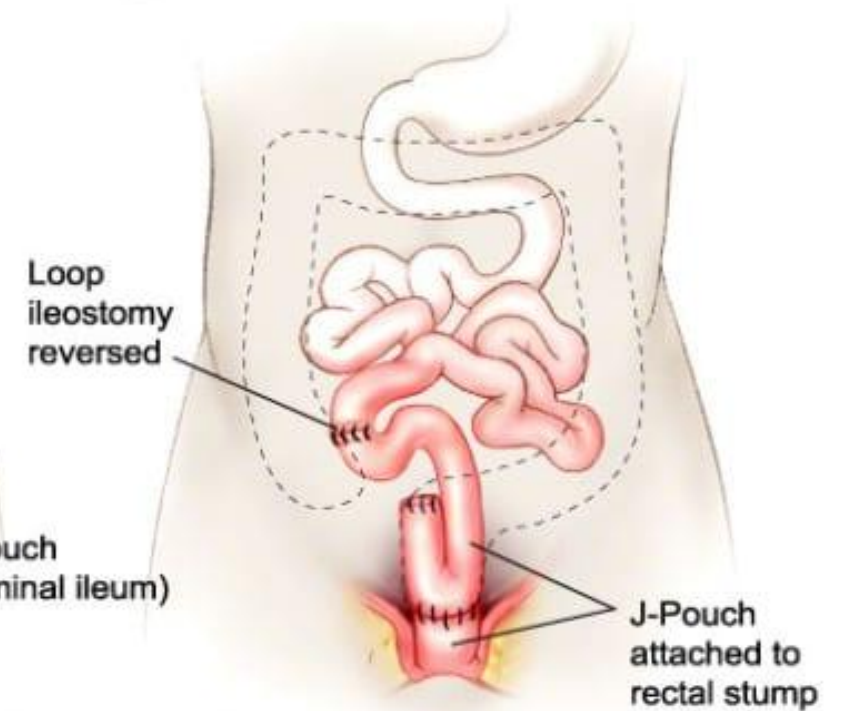
① Total Colectomy with End Ileostomy



② J-Pouch Creation & Loop Ileostomy



③ J-Pouch Takedown & Ileostomy Reversal



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# Surgery



Consideration by surgeon  
about stapled v's handsewn  
anastomosis (join) or closure  
of loop

Stapled for larger  
anastomosis easier with  
stapler as de-functioned limb  
often narrower (has not had  
faeces in it for a while). Less  
likely ileus, ↓LOS, ↓OP time

# Bowel preparation for reversal surgery



## Ileostomy

- Clear fluids only
- ERAS program?
- Possibly may be given a carbohydrate drink (CHO) to nourish your body prior to OT.
- Admission usually day of surgery
- Stop smoking & ETOH
- √ gentle exercise

## Colostomy

- Should be seen in Pre admission clinic
- Bowel preparation ordered
- Drainable pouches needed
- Clear fluids at least 24 hours prior to surgery
- ERAS program?
- Admission usually day of surgery
- Stop smoking & ETOH
- √ gentle exercise

# Reversing an infants stoma

- Possible tube-o-gram to ensure no stricture
- Only use water to clean
- Barrier cream & wipes BD daily
- Nappy off / airtime if possible
- Light salty baths





# Wound Care



- Surgical Site Infection (SSI) concern for all patients.
- 2-41 % wound dehiscence (breakdown)
- ↑ cost
- Hernia at midline or incision
- Notify your GP or STN if wound becomes red, painful or leaks
- *HINT:* Surgical supplies can be purchased online from Independence Australia or BrightSky
- Clin Colon Rectal Surgery JAMA Surg Outcomes and predictors of incisional surgical site infection in stoma patients reversal 2017 Jul;30(3) 172-177, Liang M



# Post-op Surgical Site Options:

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- 1) Stoma reversal & Negative Pressure Wound Therapy (NPWT)





Post Op Surgical Site Options:  
2) Staples, sutures or  
3) "Purse String Suture"

# Diet



- Important to have a nutritionally balanced diet & fluid intake to assist wound healing inside and outside.
- Dietary fibre = roughage or bulk
- Parts of plant food your body cannot digest or absorb.
- Dietary fibre, roughage or bulk is divided into two types:
- **Soluble** (dissolves in water)
- **Insoluble** (does not dissolve in water)

# Post-op diet

**Avoid** foods high in insoluble fibre e.g., wheat bran, nuts, skins of fruit & vegetables, corn

Eat more **soluble** fibre e.g., oats, stewed fruit (without skin) legumes, barley, rye, white rice, white bread, white pasta, bananas

Start with **small** frequent meals, chew well

Bulking agents help thicken your stool: discuss with STN or GP

Anti-diarrhoea medication may be added later in consultation with STN or GP

Maintain adequate fluids

Slow return to usual bowel pattern may mean gradual introduction of normal diet.

# Diet



Post operative: initially fluids then increase in consistency as wind or bowel motion passed.



Length: maintain softer diet for 4-6 weeks post surgery



Fibre: Try to eat soluble fibre for that time

# Exercise

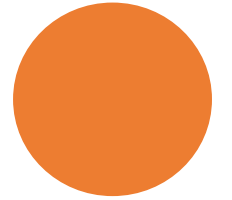
- Pelvic floor exercises will help you to control bowel action.
- Help you to “HOLD ON”
- Reversal of ileostomy may result in looser bowel motions for several times per day (frequency)
- You may have little warning (urgency)
- Bowel function may be influenced by many factors:
  - How much bowel was removed
  - Section was removed
  - Radiotherapy / chemotherapy
  - Previous bowel habits
  - Medication





# Pelvic Floor Exercises

- [www.bladderbowel.gov.au/assets/doc/improvebowelaftersurgery.htrr](http://www.bladderbowel.gov.au/assets/doc/improvebowelaftersurgery.htrr)
- [www.continence.org.au](http://www.continence.org.au)
- pelvicfloorfirst.org.au
- Watch Sara Russell Me+ YouTube exercises
- Consider doing before planned reversal surgery discuss with STN
- Return to pre-op activities



## Correct Seating:

feet, flexion, fiber,  
fluids





# Perianal Care

- Loose, frequent bowel motions, mucus & cleaning can irritate perianal skin = breakdown
- If possible wash after each bowel action
- **Pat** clean
- **Pat** dry
- Avoid rubbing

## 7 TIPS FOR DRY SKIN RELIEF

When bathing, follow these tips from board-certified dermatologists to prevent dry skin or keep it from getting worse.



### KEEP IT SHORT

Limit your bath or shower to five to 10 minutes to avoid drying out your skin.

# Perianal Skin Care

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- Apply Barrier cream e.g. Sudocrem, Coloplast Critic, 3MCavilon Barrier Cream, small amount and massage in well.
- Allow skin “air time’ if possible
- Wear cotton underwear
- Avoid foods that give you loose bowel motions e.g. spicy food, intolerances
- See dietitian
- Bulk up poo
- WASH HANDS



# Potential changes in bowel pattern

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- *Reversal of ileostomy patients more likely to experience*
- ↑ urgency: a sudden urge to go to the toilet
- ↑ frequency: go to the toilet more often
- Constipation or diarrhoea
- Stool fragmentation: only passing small amounts
- ? Do you want to pass wind or bowel motion
- Soiling: leakage of poo from back passage



# Hints & Tips for hospital



- Do not leave yourself short of stoma pouches ( cancellation, unexplained illness etc.) when preparing for surgery
- Be prepared
- Do your pelvic floor exercises
- Bring your own pull up underwear into hospital
- Bring your own soft toilet paper
- Bring in your own Barrier Cream
- Notify your ostomy association post reversal surgery when home
- Remaining appliances may be returned to your association or ask STN



# Nuggets of gold

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- “It took a while to control my bowel pattern”
- “Urgency unpredictable”
- “Don’t expect too much”
- “I felt like a prisoner in my own home”



# Questions



Thank you

