

# Closure of a Loop Ileostomy



Ileostomy & Internal Pouch  
Association

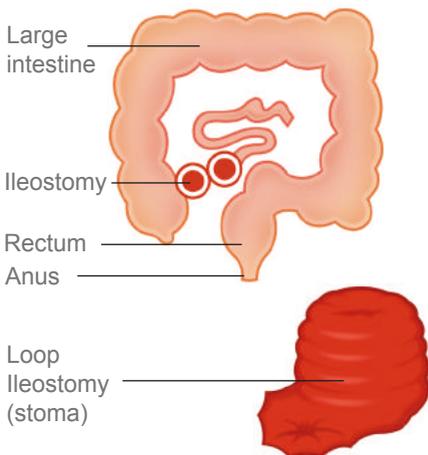
- Providing support and guidance
- Helping you with your concerns
- Local support

## What is a Loop Ileostomy?

A loop ileostomy is generally a temporary stoma formed to rest the large intestine (colon), diverting the body's waste from the end of the small intestine into an external bag worn on the abdomen, over the stoma.

This might be done:

- for a period of rest to allow healing following surgery involving a join in your bowel e.g. removal of a piece of bowel or ileo-anal pouch formation;
- for a period of rest to allow healing where there is severe inflammation e.g. ulcerative colitis or Crohn's disease
- as a simple procedure to relieve a blockage in the intestine e.g. advanced cancer.



## Before Your Operation

Your surgeon and/or your stoma care nurse will have explained the operation to you and discussed the expected outcome of closure of your stoma.

If you have had a join in your bowel you will normally have an X-ray examination to check that the join has healed (water soluble enema or loopogram). You may have been advised to do pelvic floor exercises – squeezing of the muscles around the anus – to maintain or improve their ability to prevent leakage of faeces once your bowel is joined up.

You will be assessed before admission to hospital in the same way as for any operation in order to check your fitness for surgery. You may be given nourishing drinks to take in the days leading up to the operation which will ensure your bowel is in the best possible condition to heal after surgery.

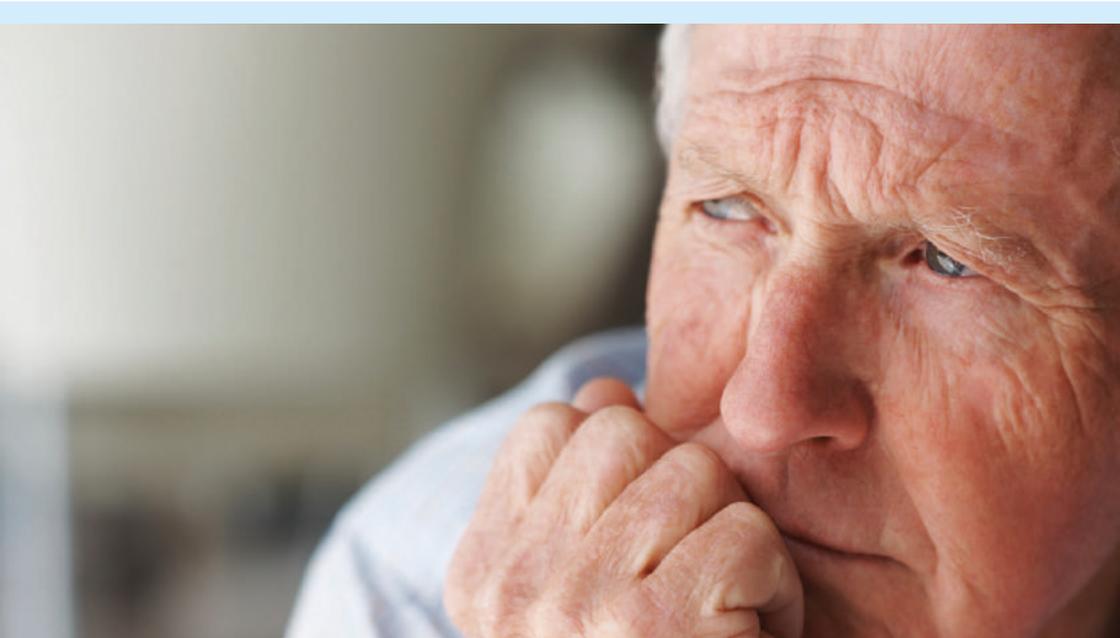
The day before the operation you may need to stop eating solid food and just have fluids (drinks, soups etc with the 'bits' removed) – no laxative is required. Your stoma output may be more fluid than is normal for you during this period.

## The Operation

The operation to close your loop ileostomy takes approximately one to one and a half hours. Carried out at the same time is an 'examination under anaesthetic' (EUA) which may include stretching of the join if it has narrowed in the period of healing. Your stoma will be closed through the opening in your abdomen where it is sited. The stoma is freed from the surface of the skin, the two ends stitched together and your bowel replaced inside your abdomen. There is a small risk that a laparotomy (a larger incision) may be necessary to

close your ileostomy safely. If you have developed a hernia around your stoma this will be repaired at the same time. The wound at the closure site may be stitched closed or left open and packed with an absorbent dressing. On discharge, you will be referred to your District Nurse or Practice Nurse for further dressings or removal of sutures if they are not dissolvable.

You are likely to remain in hospital until you are eating normally and opening your bowels (usually 2 - 5 days).



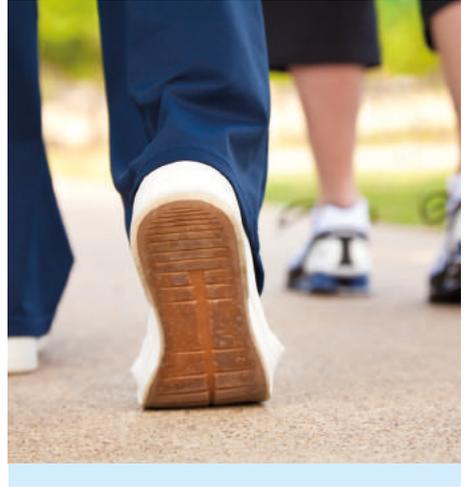
## Afterwards

It is advisable to eat a low fibre diet at first in order to prevent becoming 'blown up' with wind or experiencing pain at the site of the joint, which may be narrowed due to swelling immediately post-operatively.

Your bowels may take a while to settle down after surgery and each person is different. You may have constipation or diarrhoea, or some 'urgency' to empty the bowel. You may only pass small amounts of stool at each occasion, and/or feel you have not completely emptied your bowels.

You may experience some soiling but this should diminish over time. You may wish to wear a pad at night until you are confident that soiling will not occur while you are sleeping.

It is important that you clean the skin around your anus gently after each bowel movement, perhaps using alcohol-free wet wipes or plain water, and you may benefit from using a barrier cream to protect this area.



Drink plenty of fluids, continue to do your pelvic floor exercises, and gradually reintroduce fibre into your diet.

As with any abdominal surgery, take care not to do any heavy lifting or strenuous exercise for six weeks. Also remember to check with your car insurance company regarding your cover before you start driving again as any anaesthetic affects your reaction time.

## Potential Complications

Your risk of a chest infection or blood clot in your legs is the same as with any surgery, as is the risk of a wound infection. It is possible that your bowel may be slow to start working again after the operation, the technical term for this is 'paralytic ileus' and it will usually resolve by resting the bowel and feeding you through an intravenous drip. This will delay your discharge by a few days. Rarely, the site of the re-join in your bowel doesn't heal, and another operation may be required.

### Bowel Function

Your bowel may function erratically for a while after your reversal. This will depend upon how much of it has been removed. Loss of part of the rectum can reduce the amount of stool that can be held and thus cause increased frequency of bowel action. A reduction in the length of colon can result in looser stools than normal as this is where water is absorbed from the faeces to produce a formed stool. If you now have an internal pouch you may experience frequency but not urgency. You will be encouraged to defer going to the toilet for longer periods to slowly allow your pouch

to stretch and adapt to its new function. For more information go to [pouch.iasupport.org/faqs](http://pouch.iasupport.org/faqs).

Diet can sometimes play a part and certain foods may cause loose stools, or urgency, particularly in the early days. Eat little and often initially, and gradually reintroduce a variety of foods, including fibre.

### Medication

Sometimes symptoms may be helped by medication: medicines such as loperamide (Imodium) and codeine phosphate can control diarrhoea, and bulking laxatives such as macrogel (e.g. Movicol) and isphagula husk (e.g. Fybogel) may help to make your stools firmer and easier to control. Do not take these without advice from your stoma care nurse or GP/doctor. Ensure you have an adequate intake of fluids to prevent dehydration and constipation.

Talk to your stoma care nurse or GP if you are experiencing any problems, and be reassured that things will improve in time. Your re-joined bowel can take up to a year to reach it's optimum function, so be patient!

## About IA

This information leaflet has been produced by IA (Ileostomy and Internal Pouch Association). IA is a support group which has the primary aim of helping people who are living with an ileostomy or an internal pouch including their family, friends and carers.

IA was started in 1956 by ileostomy patients and members

of the medical profession. It was the first ostomy association in the UK and is a registered charity.

If you would like further information or wish to provide feedback about the content of this booklet, please contact us as shown below.

## References

A list of references is available upon request. Please contact IA for further information.

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