



This factsheet is about having surgery to reverse your stoma. It explains what a stoma reversal is, possible complications and what to expect after the operation.

What is a stoma?

A stoma is where a section of bowel is brought out through an opening on your stomach area (abdomen). Your bowel movements (poo) are collected in a pouch or bag attached to the skin around your stoma. A stoma can be temporary or permanent.

A temporary stoma is formed to allow the bowel to heal after surgery. Once the bowel has healed, a temporary stoma can usually be reversed.

Some people can't have a stoma reversal and the stoma will be permanent. This usually happens if:

- there isn't enough healthy bowel left
- the anus has been removed
- there's a high risk of the join leaking

What is a stoma reversal?

Stoma reversal surgery involves re-joining the two healthy ends of your bowel and closing the stoma that was formed during your first operation. It means you'll no longer need your stoma bag and will empty your bowels by going to the toilet.

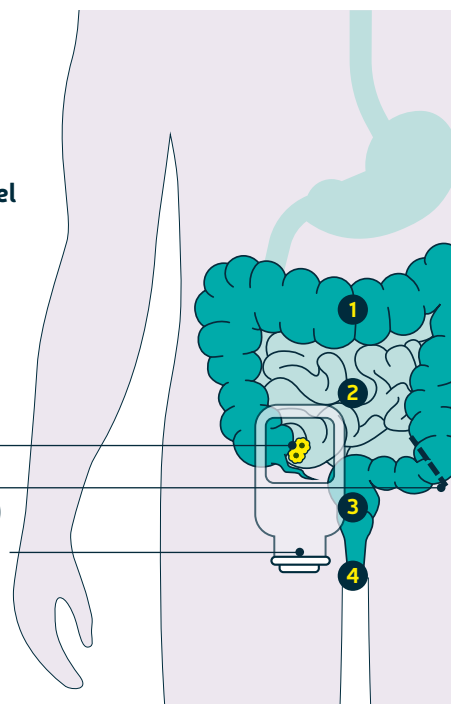
Key

- 1 Colon
- 2 Small bowel
- 3 Rectum
- 4 Anus

Stoma

Join (anastomosis)

Ileostomy bag



Ileostomy

An ileostomy is a stoma formed by bringing the end or a loop of the small bowel (ileum) onto the surface of the stomach area

Colostomy

A colostomy is a stoma formed by bringing part of the large bowel onto the surface of the stomach area

About stoma reversal

Who can have a stoma reversal?

Not everyone can have their stoma reversed. Your healthcare team will tell you whether it is suitable for you and answer any questions you might have.

There are a few things that can affect whether you're able to have a stoma reversal, such as:

- **where you had surgery before** - if the muscles around your anus (anal sphincter muscles) were affected during your cancer removal surgery, you may struggle to control your bowel movements and could have some leakage from your bottom
- **how much of the bowel is left** - if you only have a short length of bowel remaining after your surgery, you might not be able to have a stoma reversal
- **what treatment you had** - if you've had chemotherapy or radiotherapy that's affected how well your bowel works
- **how your general health is** - if you or your surgeon don't think you're fit and healthy enough to have more surgery

When will you have your stoma reversed?

If you're able to have a stoma reversal, it will usually be done at least three months after your stoma was first formed. This allows enough time for any swelling and inflammation to go down. It also means that the unused part of the bowel is still able to work properly. In some cases, people can have a stoma for several years before having a reversal operation.

You might not be able to have a stoma reversal operation whilst you're having other treatments. For example, while you're having chemotherapy and for a period of time afterwards, as your body will need time to recover.

Before your stoma reversal

You will be asked to provide consent to have your stoma reversal operation. This is a good time to ask the medical team any questions or talk about any concerns you might have about the surgery.

Your hospital will give you information on anything you need to do to help prepare for your operation. This will include advice on what to eat and drink before your operation.

You may also be given information on pelvic floor exercises that can help retrain your bowel. Your anal sphincter muscles form part of your pelvic floor and control bowel movements. When you have a stoma these muscles are not used, meaning they can get weaker. Pelvic floor exercises can strengthen these muscles and help your recovery after surgery. Ask your stoma nurse for more information.

Before your surgery you may have an enema to check your bowel has healed. The procedure might be uncomfortable but shouldn't be painful. The doctor will place a small, flexible tube into your back passage and pass a liquid through the tube into your bowel. You'll then have an X-ray scan and the liquid will be visible. If the liquid has leaked outside of the bowel, you might not be able to have surgery. You may have to wait longer to see if your bowel does heal.

About stoma reversal

Your stoma reversal surgery

The type of stoma reversal you have will depend on the surgery you had when your stoma was formed.

To reverse an ileostomy, the surgery can usually be done by cutting around the existing stoma. Sometimes your surgeon will need to open part of the scar from your previous operation. Very rarely the surgeon may need to make an opening down the middle of your stomach area to reverse the stoma.

If you had a colostomy, it can be reversed by making a slightly larger opening down your stomach area. Your surgeon will discuss with you the best type of surgery.

After your stoma reversal surgery

You'll usually be able to leave hospital three to ten days after your operation. This depends on what type of surgery you had, how the operation went and how well you recover.

Your surgeon will usually be happy for you to leave when you're eating and drinking comfortably, have passed wind, and are able to move around without too much discomfort.

You will need to have your wound dressing changed regularly to allow it to heal properly and to help avoid infection. Speak to your specialist nurse about how to organise getting a new dressing. If you notice any discharge or redness, tell your specialist nurse as soon as possible.

Recovery at home

After your surgery you shouldn't drive, do any heavy lifting or bend your body too much for up to six weeks. This means you might not be able to go to work or go about your usual daily routine. It may help to make arrangements before your surgery for changes to your job or for support with your daily routine.

As you recover from surgery and establish a new routine, you may be supported by more healthcare staff. This might include a dietician, continence nurse advisor, colorectal specialist nurse and/or district nurses.

Remember that it often takes time for your bowel to adjust after your operation. Some people continue to have bowel problems after a stoma reversal. It's important to allow your body time to recover and speak to your medical team if you are having problems.

Possible risks of stoma reversal surgery

Many people don't have serious problems caused by stoma reversal surgery. Your medical team will explain the possible risks which may include:

- **wound infection** - if the wound around your surgical site becomes infected, you might need to have antibiotics. In some cases, more surgery might be needed too
- **ileus** - after surgery your bowel might be slow to start working again or become paralysed. This is a condition called ileus. The treatment is to rest, wait and fast until you start to pass wind again

About stoma reversal

- **anastomotic leak** - in some patients the newly joined ends (anastomosis) of the bowel don't heal properly, causing a leak into the abdomen. This can also be caused by infection or poor blood supply to the join. It can usually be treated using antibiotics, but sometimes another operation is needed
- **bowel obstruction** - in some patients the bowel can become blocked, this is known as a bowel obstruction. If you have a bowel obstruction, you may need to have another operation

Occasionally stoma reversal surgery isn't successful and a new stoma has to be formed.

Regaining bowel control after stoma reversal

The way your bowel works after your operation may be different to before you became ill, as there's a piece of your bowel missing. There will be parts of your bowel that won't have been working while you had your stoma. This can lead to changes in your bowel habits after stoma reversal surgery, which take time to get back to normal. This will vary from person to person.

Side effects often occur in the first six to eight weeks after stoma reversal surgery. Sometimes these can carry on for several months. Leaking of poo (incontinence) and increased urgency of your bowel movements are common problems. Speak to your healthcare team about the best way to manage your symptoms.

Your healthcare team might suggest you take medicines or make some changes to your diet and lifestyle. Make sure not to do any intense physical activity in the weeks following the operation, but once you feel well enough you could try to build it up.

Anterior resection syndrome

Following stoma reversal surgery, some people will get a more serious condition known as anterior resection syndrome.

This can cause a number of bowel problems including:

- needing to go to the toilet more often
- increased urgency (little or no warning of when you need to go to the toilet)
- loose and runny poo (diarrhoea)
- pain in your bottom on passing poo
- passing small amounts of poo frequently (stool fragmentation)
- leaking poo or being unable to control your bowel (faecal incontinence)
- increased wind and being unable to tell the difference between wind and poo

Speak to your healthcare team if you have these bowel problems. They can help you to manage them.

Your feelings and emotions

It's important to be honest about your bowel function and any issues or complications you're having after your operation. Embarrassment, anxiety, and feeling vulnerable are all common after any kind of bowel operation. Your healthcare team will speak to people with these feelings every day. If you're having problems coping, or feel you need some extra support, talk to your GP who can refer you to a counsellor.

About stoma reversal

Retraining your muscles

The longer your bowel and pelvic floor muscles have been out of use, the more likely it'll be that you'll need to exercise to make them strong again. It can help your recovery if you start pelvic floor exercises while you've still got your stoma. Ask a district nurse or your specialist colorectal nurse for more information.

Protecting your skin

You may find it helpful to use moist toilet wipes to gently clean your bottom after going to the toilet. Barrier creams such as those used for nappy rash can also help to prevent your bottom from getting sore.

Physical activity

Walking is a good way of keeping active while you're recovering from your surgery. You could start with a walk around the house and then move on to a short walk outside. As you get your strength and energy back, you'll be able to do more.

Managing your diet

After your stoma reversal surgery, your bowel is likely to be sensitive. It can help to:

- eat little and often, rather than having large meals
- avoid eating late at night
- drink plenty of water

After your stoma reversal it may be tempting to eat all the foods you couldn't eat with your stoma, but some foods can irritate your bowel. Reintroduce different foods slowly but try to limit or avoid:

- citrus fruits such as oranges, grapefruits, lemons
- spicy food such as curries and foods containing chillies
- vegetables such as cabbage, onions and broccoli
- foods high in fat such as cheese, eggs, avocado and salmon
- too much alcohol, caffeinated tea and coffee or fizzy drinks
- high-fibre foods such as wholegrain bread and pasta, pulses and nuts

It might take a bit of trial and error to find foods that work for you.

More support



Online community

Our online community is a welcoming place for everyone affected by bowel cancer to ask questions, read about people's experiences and support each other. Join us at [bowelcanceruk.org.uk/community](https://www.bowelcanceruk.org.uk/community)



Publications

We produce a range of expert information to support anyone affected by bowel cancer. Order or download our free publications at [bowelcanceruk.org.uk/ourpublications](https://www.bowelcanceruk.org.uk/ourpublications)



Ask the nurse

If you have any questions about bowel cancer, contact our nurses at [bowelcanceruk.org.uk/nurse](https://www.bowelcanceruk.org.uk/nurse)



Website

Visit our website for a range of information about bowel cancer including symptoms, risk factors, screening, diagnosis, treatment and living with and beyond the disease. Visit [bowelcanceruk.org.uk](https://www.bowelcanceruk.org.uk)

Other useful organisations

Colostomy UK

W [colostomyuk.org](https://www.colostomyuk.org)

T 0800 328 4257

Provides support, reassurance and practical information to anyone who has or is about to have a stoma.

Cancer Research UK

W [cancerresearchuk.org](https://www.cancerresearchuk.org)

T 0808 800 4040

Information for people affected by cancer. You can speak to an information nurse by calling their helpline.

IA (Ileostomy and Internal Pouch Association)

W [iasupport.org](https://www.iasupport.org)

T 0800 018 4724

A support group run by and for people with ileostomies and internal pouches.

Macmillan Cancer Support

W [macmillan.org.uk](https://www.macmillan.org.uk)

T 0808 808 0000

Offers support and information for people with cancer, including information on diet and recipes.

To donate or find out more visit
[bowelcanceruk.org.uk](https://www.bowelcanceruk.org.uk)

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Please contact us if you have any comments about the information in this factsheet:
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