

△ GENERAL INFORMATION

A *colostomy* is the making of an opening in the colon and bringing it out through the skin so that its contents (stool) can pass directly to the outside.

SOME REASONS FOR A COLOSTOMY

- The bowel is blocked enough that no stool, or very little stool, can get past the blockage to reach the outside in the normal manner. The most common causes of such blockage can be a cancer or scarring from a chronic infection. Soon the bowel balloons up because of the blockage. A colostomy needs to be done promptly; otherwise the ballooned bowel may burst.
- Part of the colon and rectum has been removed and the cut ends reconnected, but there is too great a risk that the new connection might leak. For safety reasons, a *temporary* colostomy is done so that the stool does not pass across the new connection. When after a few weeks the new connection is well healed, the temporary colostomy is closed.
- There is a hole in the bowel from injury or infection, and there is general infection inside the abdomen (called *peritonitis*). The part of the bowel with the hole in it is removed, but it is too risky to connect the ends because so much infection is present already. The ends are brought to the outside. When after a few weeks the infection heals, the ends of the bowel are reconnected.
- The colostomy is performed because the anus and rectum are removed, usually to cure a cancer.

DIAGNOSIS

The diagnosis of a blockage that needs to be relieved by a colostomy is made in different ways for different conditions. Some of the methods of making the diagnosis include the following:

- A history of changing bowel habits and constipation, with or without a history of infection.
- Examination of the blood, urine, heart (EKG), and lungs (chest x-ray).
- Swelling of the abdomen.
- An x-ray of the swollen abdomen that shows a large amount of air in the colon up to the point of blockage.
- Barium enema: Barium (it has the color and consistency of buttermilk) is placed in the colon (very much like a regular enema) as you lie on the x-ray table. The barium is observed as it flows throughout the colon. This will show the blocked colon and often what is causing the blockage.
- Flexible sigmoidoscopy: This is done with an optical instrument with a light at its tip that is smooth, flexible, and as big around as your little finger. It can be used to inspect the inside of the lower one-fourth of your large bowel.
- Colonoscopy: This is done with an optical instrument with a light at its tip that is smooth, flexible, and as big around as your little finger. During the

procedure, you will be given medicine that will make you feel drowsy. The tip of the instrument will be inserted into your anus gently and then advanced until your entire large bowel is examined. If suspicious tissue is seen, a small piece of it can be taken (a *biopsy*) for laboratory examination.

- Performing an operation and unexpectedly finding the blockage and determining at that moment that a temporary colostomy is necessary.

PREOPERATIVE PREPARATION

There are several types of colostomy, each serving a specific need. The choice for you will be discussed with you beforehand. Any abnormalities in addition to the colon problem will be corrected as much as possible, depending on how much time is available.

For an Emergency Colostomy

- Fluid will be started in your vein.
- A thin plastic tube may need to be passed into the stomach to suck up air that is trapped there.

For an Elective Colostomy

- You will be given instructions on how to prepare your bowel.

□ OPERATION

- You may be given medicine that will make you feel drowsy before you are brought to the operating room.
- You will be asleep for the operation.
- The skin of your abdomen will be scrubbed with an antiseptic solution and surrounded with sterile drapes.
- The location of the incision will depend on the type of colostomy performed and the reason for it.
- You will not receive a blood transfusion unless it is absolutely necessary.
- The colostomy bag will be fitted while you still are in the operating room.

POSTOPERATIVE CARE

- You will wake up in a recovery room. When your blood pressure, pulse, and breathing are stable, you will be taken to a regular hospital room.
- That evening you will be helped to sit up in bed and on the next day to get out of bed.
- Pain can be controlled with medicine. The nurse will give it to you, or you can give yourself a preset amount of pain medicine when you feel you need it. This is done with a device called patient-controlled analgesia (PCA) that is connected to the tubing giving you intravenous fluids.
- As soon as possible and while you are in the hospital, the surgical team of doctors, nurses, and technicians will help you learn how to take care of your colostomy. It is not difficult.
- You'll be given information on your diet and how it may influence the working of your colostomy.

- You should be able to go home in 3 to 10 days, depending on the reason for the colostomy.
- Arrangements will be made for your medicine, follow-up office visit, and stitch or clip removal.
- As with any operation, complications are always possible. With your type of operation, they can include infection, bleeding, bowel obstruction, heart or lung problems, and possibly others.

⊕ HOME CARE

- You may walk about as you wish, even climb stairs, but don't overdo things.
- Take medicine as prescribed for your pain.
- You will be given a suggested diet; however, you will soon find out for yourself if you need to adjust your diet so that your colostomy will work in the best manner.
- Almost all patients develop their own way and routine for colostomy care so that it doesn't interfere too much with their daily schedule. You'll find the best way to take care of yours.
 - Many patients take an enema each morning or every other morning to empty the colon of stool and then wear a small plastic bag over the opening

for safety's sake. Only occasionally will stool come out into the bag.

- Other patients do not use an enema but simply leave the bag in place, discarding it when stool empties into it and then replacing it with a new one.
- Arrangements can be made for a home visiting nurse if one is needed.

Many thousands of patients have a colostomy; you may already know some. There probably are persons at work or other acquaintances who have a colostomy, and you don't know about it because you have not been told and you cannot tell. Remember, it is possible to lead a life that is pretty close to what you were used to. It will take a little time to learn the new routines, but before you know it you'll have them under control.

📞 CALL OUR OFFICE IF

- You develop any unusual signs or symptoms.
- Your colostomy does not work for 36 hours.
- The incision becomes red or swollen, or there is drainage from it.
- You develop a temperature higher than 100°F.
- You have any questions.