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Colostomy

Colostomy is a surgical procedure that brings one end of the large intestine out through an opening (stoma) made in the abdominal wall. Stools moving through the intestine drain through the stoma into a bag attached to the abdomen.

Description

The procedure is usually done after:

- Bowel blockage (obstruction)
- Bowel resection
- Injuries

The colostomy may be short-term or permanent.

Colostomy is done while you are under general anesthesia (asleep and pain-free). It may be done either with a large surgical cut in the abdomen or with a small camera and several small cuts (laparoscopy).

The type of approach used depends on what other procedure needs to be done. The surgical cut is usually made in the middle of the abdomen. The bowel resection or repair is done as needed.

For the colostomy, one end of the healthy colon is brought out through an opening made in the abdomen wall, usually on the left side. The edges of bowel are stitched to the skin of opening. This opening is called a stoma. A bag called a stoma appliance is placed around the opening to allow stool to drain.

Your colostomy may be short-term. If you have surgery on part of your large intestine, a colostomy allows the other part of your intestine to rest while you recover. Once your body has fully recovered from the first surgery, you will have another surgery to reattach the ends of the large intestine. This is usually done after 12 weeks.

Why the Procedure is Performed

Reasons a colostomy is done include:

- Infection of the abdomen, such as perforated diverticulitis or an abscess
- Injury to the colon or rectum (for example, a gunshot wound)
- Partial or complete blockage of the large bowel (intestinal obstruction)
- Rectal or colon cancer
- Wounds or fistulas in the perineum – the area between the anus and vulva (women) or the anus and scrotum (men)

A colostomy is temporary or permanent depending on the disease or injury. In most instances, colostomies can be reversed.

Risks

Risks of any anesthesia include:

- Problems breathing
- Reactions to medications

Risks of colostomy include:

- Bleeding inside your belly
- Damage to nearby organs
- Development of a hernia at the site of the surgical cut
- Falling in of the stoma (prolapse of the colostomy)
- Infection, especially in the lungs, urinary tract, or belly
- Narrowing or blockage of the colostomy opening (stoma)
- Scar tissue forming in your belly and causing intestinal blockage
- Skin irritation
- Wound breaking open

After the Procedure

You will be in the hospital for 3 to 7 days. You may have to stay longer if your colostomy was done as an emergency procedure.

You will be allowed to slowly go back to your normal diet:

The same day as your surgery, you may be able to suck on ice chips to ease your thirst.

By the next day, you will probably be allowed to drink clear liquids.

Thicker fluids and then soft foods will be added as your bowels begin to work again. You may be eating normally within 2 days after surgery.

The colostomy drains stool (feces) from the colon into the colostomy bag. Colostomy stool is often softer and more liquid than stool that is passed normally. The texture of stool depends on which part of the intestine was used to form the colostomy.

Outlook (Prognosis)

Before you are released from the hospital, an ostomy nurse will teach you about diet and how to care for your colostomy.

Alternative Names

Intestinal opening, stoma formation

References

Fry RD, Mahmoud N, Maron DJ, Bleier JIS. Colon and Rectum. In: Townsend CM, Beauchamp RD, Evers BM, Mattox KL, eds. Sabiston Textbook of Surgery. 19th ed. Philadelphia, Pa: Elsevier Saunders; 2012: chap 52.

Cima RR, Pemberton JH. Ileostomy, colostomy, and pouches. In: Feldman M, Friedman LS, Brandt LJ, eds. Sleisenger & Fordtran's Gastrointestinal and Liver Disease. 9th ed. Philadelphia, Pa: Elsevier Saunders; 2010: chap 113.

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