

Colostomy Formation

What Is A Colostomy?

A colostomy is an operation to create a stoma, or an opening in the colon, which is stitched to the skin. This allows waste to exit the body through the stoma into a specially fitted colostomy bag, which is worn on the skin and emptied or changed as needed.

A **colostomy** may be:

- **End colostomy** – One end of the bowel is brought to the surface and stitched to the skin, while the other end is either removed or closed inside the abdomen.
- **Loop colostomy** – Both the upstream and downstream ends of the bowel are stitched to the skin, usually as a temporary measure.

This procedure may be performed on its own or as part of another surgery, such as abdomino-perineal excision of the rectum (APER) or Hartmann's procedure. Sometimes, a colostomy is recommended before chemoradiotherapy for anal or rectal cancer.

What Does The Operation Involve?

A colostomy can be created using either laparoscopic (keyhole) surgery or an open approach.

During the procedure:

- The surgeon makes a small hole through the abdominal wall
- If forming an end colostomy, only the upper part of the colon is stitched to the skin, while the other end is either removed or closed off
- If forming a loop colostomy, both ends of the colon are stitched to the skin

The operation time varies but typically takes 1-3 hours, depending on whether it is performed as a standalone procedure or part of a larger surgery.

What Are The Risks?

If the colostomy is formed as part of another surgery, please refer to the relevant procedure's patient information for additional risks.

As with any abdominal operation, the following risks apply:

General surgical risks

- **Blood clots (DVT/PE)** – You will be given stockings and blood-thinning injections to reduce the risk
- **Bleeding** – Although rare, a blood transfusion may be needed if required
- **Wound infections** – Can occur in both open and laparoscopic surgery, though they are usually mild and treated with antibiotics

Bowel-related risks

- **Ileus (temporary bowel paralysis)** – The bowel may take longer to function normally, leading to bloating and vomiting. This is treated with intravenous fluids and bowel rest
- **Bowel obstruction** – Kinks or adhesions may cause a blockage, leading to abdominal pain, distension, and vomiting. This often resolves with conservative management, but surgery may be needed in rare cases

Colostomy-related risks

- **Stoma retraction** – The bowel may pull back into the abdomen, requiring corrective surgery if severe
- **Stoma stenosis (narrowing)** – This can cause difficulty in passing stool and may require dilation or surgical revision
- **Stoma prolapse** – The bowel may protrude through the stoma, which can often be managed conservatively but may sometimes require surgery
- **Parastomal hernia** – A bulging around the stoma is common. In mild cases, a support belt may help, but larger hernias causing discomfort may require surgical repair

What Happens After The Operation?

- You will have an intravenous drip for fluids and medications, usually for 24 hours
- A catheter may be inserted during the procedure and kept in place for 24-48 hours
- You will be encouraged to eat and drink as soon as you feel able, usually on the same day
- Early mobilisation is encouraged to aid recovery

Colostomy Care

- A colorectal nurse specialist will visit you after surgery to show you how to empty and change your colostomy bag
- You will learn how to manage your stoma before being discharged from the hospital
- Your consultant and colorectal nurse specialist will continue to provide support after you leave the hospital

To learn more about managing your stoma, please refer to our stoma care guide.

Recovery At Home

- Hospital stay is usually 3-5 days, but this varies depending on your condition
- Avoid heavy lifting and strenuous activity for at least 6 weeks
- Driving can usually be resumed within 2-4 weeks, but this varies depending on recovery and pain levels
- A follow-up consultation will be arranged approximately two weeks after discharge, or sooner if needed

Can A Colostomy Be Reversed?

In some cases, a colostomy can be reversed with another operation. This involves removing the colostomy and rejoining the bowel.

Key considerations for reversal:

- Your surgeon will discuss the likelihood of reversal before forming a colostomy
- Patients are usually advised to wait at least three months to allow full recovery before a reversal
- Not all colostomies are reversible—this depends on the reason for the initial surgery and the condition of the remaining bowel

Why Choose The Midlands Bowel Clinic?

- **Specialist expertise** – Our experienced colorectal surgeons specialise in advanced keyhole and open bowel surgery
- **Personalised care** – We tailor treatment plans to your individual needs, ensuring comprehensive pre-operative assessment and post-operative support
- **Minimally invasive options** – Whenever possible, we use laparoscopic (keyhole) surgery to reduce recovery time and discomfort
- **Dedicated stoma support** – Our colorectal nurse specialists provide guidance and training on stoma care for a smooth transition to life after surgery
- **State-of-the-art facilities** – We operate in a comfortable, well-equipped environment with access to the latest diagnostic and treatment technologies

Contact Us

If you have any questions about colostomy formation or would like to discuss your treatment options, please contact the Midlands Bowel Clinic. Our team is here to support you every step of the way.