

Colostomy Take-Down

A colostomy take-down reconnects the large intestine and closes the stoma and the skin opening. There may be one or two incisions depending on the type of colostomy you have. A loop colostomy will have one incision over the colostomy site and the end colostomy will have two incisions. One is a midline incision and the other incision is over the colostomy site.

Bowel Prep: The Day Before Surgery

You will need to do a full bowel prep with antibiotics to empty your bowel of food and stool before surgery. We will discuss this with you in detail and provide instructions. We will also write the prescriptions needed for the bowel prep.

Wound Care

It will take at least 10-14 days for your incision to heal. You can expect that it will be swollen, pink, sore, and may be numb and bruised with some blood tinged to clear, yellow drainage. You may have more drainage than you had from your other incisions. Make sure to change the bandage at least once a day and as needed to keep the area clean and dry.

When it is okay to shower, gently wash it with a mild soap and water. Pat dry. Do not soak in a bathtub, hot tub, or go swimming until it is healed. Do not put lotion, powder, or ointments on the wound.

Watch for signs of infection:

- Increased redness or warmth.
- Pus-like drainage.
- Excess swelling or bleeding.
- Temperature (by mouth) above 100.4°F for two readings taken 4 hours apart.

- Cover your incision with a gauze dressing. Change the dressing daily or as needed. You may stop wearing the dressing when there is no drainage.

Activity

- Do not drive for 2 weeks or while you are taking narcotic pain pills.
- For the first 4 weeks, do not lift over 10 pounds.
- After 4 weeks, slowly increase your activity. If you are not sure, check with your doctor.
- Check with your doctor before going back to work.
- Sex may be resumed when you feel ready.

Pain Relief

It is normal to have pain after surgery. We will talk with you about pain medicine. In the hospital we may give you Tylenol® and ibuprofen on a scheduled basis and then narcotic for severe pain. We will send you home with a small amount of pain medicine. There may be other ways to help manage your pain and we will discuss these options with you.

Diet

Your diet will advance from clear to full liquids, and then a soft to a low fiber diet as your body can handle it. We will talk with you about the rest of your diet at your clinic visit after surgery.

At first, you will have frequent unformed loose stools. This will begin to improve as your diet includes more fiber. Pain pills may cause constipation. You can help prevent this by drinking 8-10 (8 oz.) glasses of fluid daily and eating a diet that includes fruits,

vegetables, and fiber. Stools will be loose or formed depending on your surgery and the amount of intestine removed. Usually we suggest stool softeners and will be write this on your instructions when you leave the hospital.

If you have problems with bowel movements, call your doctor.

Rectal Skin Care

After an ostomy take-down, it is important to prevent rectal skin problems. You may have loose or hard stools as you heal. You can prevent problems by using baby wipes instead of toilet paper and by using a gentle skin ointment such as Vaseline Constant Care[®], Desitin[®], Proshield Plus[®], Vaseline[®], A&D ointment[®], zinc oxide, or Calmoseptine[®] on the rectal skin area after each stool and before you notice any problem.

When to Call the Doctor

- Bloating
- Nausea or vomiting
- Rectal skin problems
- Bowel movement problems
- Pain not controlled by pain pills
- Signs of a wound infection:
 - Increased redness or warmth
 - Pus-like drainage
 - Excess swelling or bleeding
 - Temperature greater than 100.4°F by mouth, for 2 readings taken 4 hours apart

If you are a patient receiving care at UnityPoint – Meriter, Swedish American or a health system outside of UW Health, please use the phone numbers provided in your discharge instructions for any questions or concerns.

Your health care team may have given you this information as part of your care. If so, please use it and call if you have any questions. If this information was not given to you as part of your care, please check with your doctor. This is not medical advice. This is not to be used for diagnosis or treatment of any medical condition. Because each person's health needs are different, you should talk with your doctor or others on your health care team when using this information. If you have an emergency, please call 911. Copyright © 5/2019 University of Wisconsin Hospitals and Clinics Authority. All rights reserved. Produced by the Department of Nursing. HF#4921.

Phone Numbers

Digestive Health Center: **(608) 242-2800**
Monday – Friday, 8am – 5pm

After hours, weekends or holidays this number will be answered by the paging operator. Ask for the doctor on call for **Dr. _____**. Leave your name and phone number with area code. The doctor will call you back.

If you live out of the area, **call (855) 342-9900**.