

Ileostomy Take-Down Without Ileal Pouch

This surgery will close your ileostomy. The stoma and skin opening will be sewn shut. Stool will now travel through the bowel and exit through the anus. Surgery takes about 2 hours.

Bowel Prep

A few days before, you need to buy 1-bottle of magnesium citrate (10 oz). It tastes best when chilled.

The Day Before Surgery

Eat a light breakfast and you may eat lunch if you know your system will clear over the next 6 hours by drinking more fluids.

Drink only clear liquids (no sediment or pulp) after breakfast/lunch until 4 hours before your surgery starts. Clear liquids include:

- Water
- Broth
- Juice without pulp (apple, grape)
- Popsicles
- Hard candy
- Sparkling water or soda
- Coffee or tea, no creamer
- Gatorade®
- Crystal Light®
- Clear Jell-O® (no fruit, etc. in it)

At 6 p.m. (It is okay to do this earlier.)

_____ If you are passing fluid **with** sediment/particles into your pouching system, then drink 1/2 bottle of magnesium citrate; 5 oz.

_____ If you are passing clear fluid (**no** sediment or particles) into your pouching system, you do not need magnesium citrate.

Wound Care

Your wound at the ileostomy site will not be stitched shut. There will be a small opening the size of a quarter to a half dollar that will be pink and moist. It may be swollen, pink, sore, numb, and bruised with clear pink drainage. You may have more drainage than from your other incisions. This is normal. While in the hospital the wound will be packed with gauze for a few days and then the dressing will be laid over the wound without placing gauze packing into the wound, so the wound can become smaller, form a scab and heal.

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 swim 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

Pain Relief

Expect to have pain after surgery. We will talk to you about pain medicines before you go home from the hospital. In the hospital, we may give you Tylenol® and ibuprofen on a regular basis. We will order narcotic medicine to treat severe pain. We will order a small amount of pain medicine for you at discharge. We will also talk to you about other ways to manage your pain.

Diet

Your diet will advance from clear to full liquids then to a soft diet. Expect to go home on a low- residue, low-fiber diet.

Eat 3 meals a day. Try not to eat between meals. This can help regulate bowel movements.

Eating after an early evening meal produces more bowel movements at night. Many people choose to eat a larger midday meal and a smaller early evening meal to decrease bowel movements at night.

At your 2-week follow-up expect the fiber in your diet to be increased. This will help to decrease the number of stools each day. We may ask you to try a bulk fiber such as Benefiber[®], or Metamucil[®]. We may ask you to try Imodium[®] or Lomotil[®] to help slow stools. This can make travel easier.

Be patient with yourself. By trial and error you will find foods that work best for you to firm up your stools. Remember this is a learning process. The process is different for each person. It can take months to more than a year.

Bowel Movements

If you had a bowel resection when your ileostomy was placed, you may have more bowel movements after this surgery. They will be loose at first, this is normal. As your body heals and you have more fiber in your diet you will have fewer and more formed stools. At first, avoid acidic foods like orange juice, lemonade, tomato products and foods with vinegar. These can cause rectal skin problems.

If you have had radiotherapy because of cancer you will have small stools over several hours per day. This is called “clustering of stools.” You can manage this

with a high fiber diet and medicines. You will need to protect the skin around your anus before you have problems. Keep this area clean and dry. Use a protective 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 to prevent skin problems.

It is common to have one or more bowel movements at night. This may last for several months.

Two Things to Watch for After an Ileostomy Takedown

Dehydration is a concern when you have frequent loose stools. Be sure to drink extra water and fluids (14-15 8 oz. glasses) until your stool output decreases. Sip on fluids. Do not drink too much too fast, this causes them to move through your system even faster. Symptoms of dehydration are:

- Increased thirst
- Dry mouth and skin
- Weight loss of more than 3 pounds overnight
- Fatigue
- Feeling dizzy when you stand or sit up

Bowel obstruction can be caused by food, bands of scar tissue across sections of bowel, a hernia, and a twisted or kinked bowel. This can occur even if you are passing liquid stool or mucus. Symptoms of obstruction are:

- Tender and bloated stomach
- Cramping
- Nausea or vomiting
- Temperature of 100.4 F by mouth or higher
- Unable to pass gas or stool

Activity

- Do not drive if you are taking narcotic pain pills.
- Do not lift more than 10 pounds for the first 2 weeks. Then, do not lift more than 20 pounds for the next month.
- Limit activity to walking until okayed by your doctor.
- Check with your doctor before going back to work.
- Sex may be resumed when you feel ready.
- Avoid all tobacco and second-hand smoke.

When to Call the Doctor

- Bloating
- Nausea or vomiting
- Dizziness
- Rectal skin problems
- Bowel movement problems
- Pain not controlled by pain pills
- Signs of a wound infection are:
 - 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

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.

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#7806