

FAIRFAX COLON & RECTAL SURGERY, P.C.

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COLORECTAL/ANORECTAL SURGERY, COLONOSCOPY, ANORECTAL PHYSIOLOGY

POST SURGICAL INSTRUCTIONS FOR STOMA CLOSURES

After Ileal Pouch Procedures

1. Dressing: Apply soft gauze over the old stoma site and change as needed. Showers or baths OK, remove dressing before. Pat gently dry afterwards. The wound usually closes completely in 8 weeks.
2. Bowel function tends to be erratic up to 6 months after surgery; frequent bowel movements and seepage at night are common in the first few months. The body adapts and this improves gradually over the first year. When stabilized, the stool consistency is usually pasty to formed.

3. Anti diarrheal medications:

Benefiber/Metamucil/Konsyl/Citrucel: These are bulking agents and act to absorb excess fluid in the fecal matter. We recommend these be taken with as little water as possible or simply added into the food you are eating for breakfast and dinner.

Imodium (2mg) or Lomotil (2.5mg) by mouth, 30 minutes before meals and at bedtime as needed. (Maximum 8 a day of each)

As diarrhea improves, use Imodium or Lomotil less frequently.

Metamucil/Konsyl/Citrucel is free of major side effects and, though not essential, we advise its use.

4. Possible problems:

a) Pouchitis: This is an acute inflammation in the ileal j-pouch and is manifested by abdominal cramps, low grade fever, urgency, blood in stool, aches and pain in muscles or joints, and sometimes nausea. The best treatment is Flagyl 250 mg by mouth, every 8 hours for 2 weeks. Call your physician if this is the first attack or if there is no improvement after 3 days of Flagyl in subsequent attacks.

b) Wound problems: It is okay to shower and get the incision and steri-stripes wet. Some drainage from the incision is common; a light gauze pad over the incision can be helpful. If drainage is cloudy or if the wound turns red, swollen or more painful or you develop a fever > 101 degrees, call the Doctor.

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- c) Urinary difficulties: Urinary tract infections occasionally occur following abdominal surgery. Pains with urination or blood in the urine are symptoms of infection. Bring these symptoms to the Doctors attention at your post. op visit.
 - d) Bowel obstructions: abdominal cramps, bloating, nausea, vomiting, and constipation. When these develop, call your physician for advice. If the symptoms are mild, you may restrict intake to liquids only and avoid solid food. If the symptoms are severe or if persist beyond 24 hrs, you must call your physician.
 - e) Irritation around anus from severe diarrhea: Use Desitin ointment or skin protective paste. Avoid vigorous wiping after a bowel movement. Instead use a shower nozzle attachment to clean the area. A warm tub bath or sitz bath is also helpful. Pat gently dry afterwards. Baby wipes can be used instead of toilet paper.
 - f) Steroid withdrawal: If you had been on Prednisone for a long time previously for ulcerative colitis and have now stopped the medication, you are at risk for steroid withdrawal if the weaning is too quick, or if you are undergoing a stressful situation. The manifestations may be vague with feelings of being rundown, giddy, nausea or severe joint aches. If there is no improvement within 24 hours, call your physician.
 - g) Infection: Fever, shaking, chills, lower abdominal discomfort, difficulty in passing urine and sometimes drainage of pus from wound, call your physician.
5. Call the office on the day of discharge to schedule a follow-up appointment for approximately 2 weeks.