PROCEDURE

Colostomy

A colostomy is surgery that brings part of the colon through the abdomen so stool leaves through a stoma.

PURPOSE
Redirect stool away from the rectum or damaged bowel

PROCEDURE TYPE
Therapeutic surgical creation of an abdominal opening for stool

WHERE IT IS DONE
Operating theatre, usually during abdominal surgery

ANAESTHESIA
General anaesthesia

HOW LONG IT TAKES
One to several hours, based on the wider operation

PREPARATION
Fasting, medicine review, and sometimes bowel preparation

RECOVERY
Several hospital days; no driving until safely recovered

MAIN RISKS
Bleeding, infection, blockage, and stoma or skin problems

RESULTS
Stoma function within days; tissue results may take longer

Overview

A colostomy changes how stool leaves your body. The surgeon brings part of the colon, or large bowel, through an opening in the abdominal wall. The visible end is called a stoma . Stool passes through it into a removable pouch worn on the abdomen.

A colostomy may be temporary, allowing another part of the bowel to rest or heal, or permanent when the lower bowel cannot be reconnected or safely used. It may be created through several small keyhole incisions or one larger abdominal incision, often as part of a wider operation.

Why the procedure is performed

A colostomy is used when stool cannot safely pass through its usual route or part of the bowel needs to heal. Reasons include:

The reason affects the stoma's location, the likely consistency of stool, and whether reversal may be possible.

- Colon or rectal cancer
- A blocked, damaged, or perforated bowel
- Severe bowel inflammation or infection
- Bowel injury
- Conditions present from birth
- Loss of bowel control not improved by other treatments
- Protection of a new bowel join while it heals

Who should and should not have it

A colostomy may be appropriate when it is the safest way to remove waste, treat diseased bowel, or protect a healing join. In an emergency, it may be needed for a blockage, major injury, or bowel perforation.

For planned surgery, it may be avoided if the bowel can be safely reconnected or another treatment can meet your goals. Surgery may be delayed while serious heart or lung problems are stabilized, nutrition is improved, or medicines that affect bleeding are managed.

Limited eyesight, hand movement, or memory does not necessarily prevent a colostomy, but adapted equipment or extra support may be needed. Ask whether your colostomy is expected to be temporary or permanent. Temporary colostomies cannot always be reversed; reversal requires another operation and must be medically safe.

How to prepare

Follow your treating facility's instructions because preparation depends on the wider operation.

Tell the surgical team about all medicines, supplements, allergies, and previous problems with anaesthesia. Do not stop blood thinners or other regular medicines unless specifically instructed.

You may be asked to:

Bowel preparation is not required for every operation, and emergency surgery may allow little preparation. Before planned surgery, a stoma nurse may mark the site while you sit, stand, and bend, helping avoid skin folds, scars, and clothing lines.

- Stop eating and drinking at a set time
- Use bowel-cleansing medicine or follow a special diet
- Take prescribed antibiotics like amoxicillin or doxycycline
- Shower with a specific skin cleanser
- Arrange help at home during early recovery

What happens during the procedure

You receive general anaesthesia and are unconscious during the operation.

Through keyhole or open incisions, the surgeon removes, repairs, or bypasses bowel as needed. Part of the colon is brought through an opening in the abdominal wall, turned back slightly, and stitched to the skin. A pouch is fitted over the stoma.

A loop colostomy brings a loop of bowel to the surface and is often used when the stoma may be temporary. An end colostomy brings one cut end of the colon to the surface and may be temporary or permanent.

You then go to a recovery area while the anaesthetic wears off.

Recovery and what to expect afterward

Abdominal pain and soreness are expected and can be treated with pain relief. The stoma has no pain-sensing nerve endings, although surrounding skin can become sore.

You may start with fluids and progress to solid food as the bowel begins working. Gas and liquid stool often appear first. The stoma is commonly swollen initially and becomes smaller as it heals.

Walking is encouraged, but lifting and strenuous activity are restricted while the abdominal wall heals. Follow instructions about bathing, exercise, and lifting.

Do not drive while taking medicines that cause drowsiness or until you can move comfortably, wear a seat belt, and perform an emergency stop safely. Check any insurer requirements.

Time away from work depends on your operation, recovery, and lifting requirements. Before discharge, a stoma nurse should teach you to empty and change the pouch, protect your skin,

and obtain supplies.

Risks and possible complications

Possible early complications include:

Later problems include skin irritation, narrowing or blockage of the stoma, a hernia around it, retraction below skin level, or excessive protrusion. Some problems improve with different pouching or skin products; others require medical treatment or further surgery.

- Bleeding, infection, or blood clots
- Temporary slowing of the bowel
- Damage to nearby organs
- Poor blood supply to the stoma
- Separation of the stoma from surrounding skin
- Fluid loss, especially with frequent watery output

Results and follow up

The surgical team can usually confirm immediately that the stoma has adequate blood supply. Stool may take several days to pass. Laboratory results from removed tissue take longer.

Follow-up assesses wound healing, stoma size, pouch fit, skin, diet, hydration, and access to supplies. If the colostomy is intended to be temporary, tests may be needed before reversal is considered.

Alternatives

Alternatives depend on the underlying condition.

A surgeon may remove damaged bowel and join the healthy ends, avoiding a stoma but creating a risk that the join leaks or fails to heal.

An ileostomy redirects the small bowel. It may better protect a low bowel join, but its output is usually more liquid and can cause greater fluid and salt loss.

For some blockages, a stent can hold the bowel open, although it is unsuitable for certain locations or causes and may not be permanent. Medicines, dietary changes, drainage, or

monitoring may help selected conditions but may not correct severe damage, complete blockage, or perforation. Supportive or palliative care may be considered when surgery does not match your health needs or goals.

When to call your healthcare team

Contact your stoma or surgical team during routine hours for ongoing pouch leaks, mild skin soreness, questions about diet or supplies, or difficulty managing stoma care.

Seek urgent medical advice the same day for:

Call emergency services for severe breathing difficulty, chest pain, fainting, heavy bleeding, severe abdominal pain, or a stoma that suddenly becomes black, very dark, or loses its usual blood-red colour.

- No stoma output with increasing cramps, swelling, nausea, or vomiting
- Persistent watery output or signs of dehydration
- Increasing wound redness, drainage, or fever
- A major change in the stoma's size, position, or appearance
- Bleeding that does not stop with gentle pressure

Common questions

Will I be asleep?

Yes. A colostomy is normally created under general anaesthesia.

Can I drive home?

No. You will remain in hospital afterward, and someone else should drive you home. Resume driving only when your surgical team considers it safe and you can control the vehicle comfortably.

How painful is it?

The abdominal incision can be painful, especially during movement or coughing. Pain relief is provided. The stoma does not normally hurt, but nearby skin can become irritated.

When will I know if it is working?

Gas and stool usually enter the pouch within the first several days. Staff will monitor the stoma and bowel function.

Can I eat normally afterward?

Most people gradually return to a broad diet. You may be advised to eat slowly, chew well, and introduce foods gradually. Needs vary with the operation and type of output.

Will the colostomy be permanent?

Some are permanent and others may be reversed. Ask what is expected and what factors could prevent reversal.

Sources

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