

## Colorectal

# What is a Colostomy?

The word “colostomy” originates from two Greek words:

- Colon (large bowel)
- Stoma (artificial opening)

A colostomy is formed surgically when part of the colon is brought out through an opening in the abdominal wall onto the surface of the skin. This part of the colon is called the stoma. Body waste can then exit the body through the stoma, and is collected externally using a colostomy pouch.

## Why do I need a colostomy?

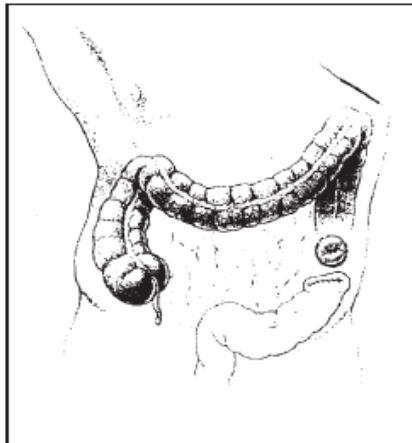
Understanding why you need a colostomy and what the operation involves may help you accept it more easily.

A colostomy is only created when it is essential to your future wellbeing.

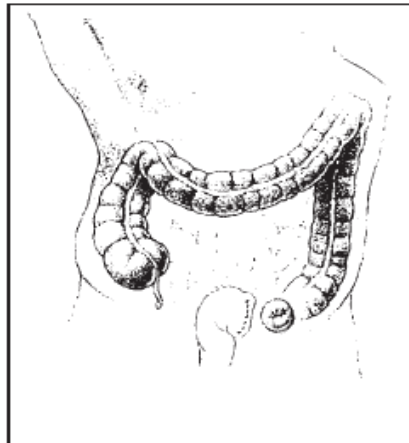
There are many reasons why you might need stoma surgery, but it is always done to improve your current situation. It may be done to allow another part of the bowel to rest and heal because of inflammation or other surgery. It may be done because of an obstruction (blockage) or growth which can be benign (not cancer) or malignant (cancer). Your surgeon and Colorectal Nurse Specialist will explain why you are having a stoma formed.



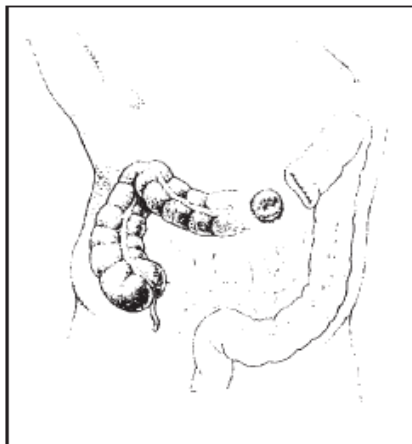
## Patient Information



Descending Colostomy



Sigmoid Colostomy



Transverse Colostomy



Not painful  
Always red and moist  
May bleed easily

Stoma

### **Where will the stoma be positioned on my abdomen?**

Generally a colostomy will be sited on the left hand side of the abdomen (tummy), midway between your umbilicus (tummy button) and hip.

Your Colorectal Nurse will discuss the position of the stoma with you before your surgery. Together you will decide where it will be most comfortable and easiest to look after.

Your Colorectal Nurse will ask you to sit, lie, stand and adopt various positions while deciding where to place the guide mark on your abdomen for the surgeon.

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The navel, hip bones, previous scars, skin creases or existing skin conditions need to be considered. You will probably gain weight after your operation, so this too will be taken into account when choosing your stoma site.

When the site is finally chosen, make sure you can see the mark on your abdomen clearly. It is important that the stoma is easy for you to see – and therefore easy to manage. Never hesitate to express any opinion or doubt that you have. Your Colorectal Nurse will value your help and try to accommodate your preferences!

### **Is a colostomy always permanent?**

A colostomy may be either temporary or permanent. Your surgeon will discuss with you which type of stoma you are likely to have. It will depend on the type of surgery that is planned, along with your medical condition.

### **What does a colostomy look like?**

Your colostomy will look red and moist with the colour and texture similar to the inside of your mouth. It is usually flat or slightly raised from the surface of your abdomen.

It will be quite swollen immediately after the operation, but it will usually shrink in size over the first six to eight weeks after your operation.

With little or no sensation, your colostomy will not be painful to touch, but with a multitude of small blood vessels, it can easily bleed if knocked or rubbed (when cleaning for example). A small amount of bleeding is normal and nothing to worry about.

### **What is the output like?**

Immediately after your operation, your Colorectal Nurse or Ward Nurse will watch to see when wind is passed. After this the output can be very loose but eventually, as your digestive system settles down and you begin to eat again, it will become formed - more like a normal bowel motion.

### **Rectal discharge**

Many people with a colostomy still have their rectum (back passage) left in place. Although the motions are diverted through the colostomy you may still experience an urge to open your bowels occasionally. This is because your bowel produces mucous (jelly/slime) which is a normal secretion. This is common and tends to lessen with time.

### **How do you feel?**

There are many reasons why you might require stoma surgery and the way you feel about this depends on why it is being done.

It can be shocking and upsetting news to learn that you need to have a stoma formed. Even though a stoma may save your life or give you a manageable option to the pain and discomfort you already experience, it may still leave you asking 'why do I need a stoma?'

Having a stoma may mean making adjustments to your lifestyle and you may be worried about your appearance, how to control the stoma pouches (bags) and telling other people about your surgery.

### **How will I feel after the operation?**

There are various emotions which you might experience when trying to come to terms with your new situation and it is helpful to understand that this is normal in the recovery process.

Depending on the reason for your surgery, you might sometimes feel elated that you are going to have more freedom and will be able to do things that you couldn't do before your surgery, such as not having to constantly run to the loo!

You may have expected this surgery and know that it will improve your quality of life, but you might not like it all of the time. So don't be hard on yourself if that is the case.

You might even feel anger that you have been put into this situation or you might feel resigned and occasionally depressed because you can't see

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how you are going to cope. You may be one of those people who have not had a days illness in your life and this has struck like a bolt out of the blue, so it's not surprising that your emotions might be in turmoil. These are normal feelings. This is when talking to someone you know and trust can help.

Most people, despite knowing that the operation is in their best interest, still have confused and constantly changing emotions and take time to accept their situation. Try to discuss your thoughts and any fears that you might have. You are not alone in this experience and other people have expressed similar thoughts. It will help your Colorectal Nurse Specialist to help you gain confidence and a sense of control if you can share your thoughts with her. The nurse is experienced and is used to helping people in this situation. Alternatively, you may prefer to talk to our hospital counsellor who is experienced in helping people who have undergone similar surgery to yourself. Your Colorectal Nurse Specialist or Ward Nurse will be able to arrange this for you.

## Involving your family

It can help alleviate the anxiety of close relatives or friends if they too understand what to expect after your operation. If you wish, your Colorectal Nurse will be happy to include a member of your family in any discussions.

You may also find it reassuring to meet someone else who has an operation like you – living proof that you can return to a normal life after your operation. Your Colorectal Nurse can arrange this for you.

## How do I tell other people about my stoma?

It might be best to plan in advance what you want to say to whom before being confronted by questions you find difficult to answer. Although you can never fully anticipate people's reactions, having a planned response will help you stay in control of the situation.

You might want to tell them simply that the operation has gone well and your problems have not been sorted out. Or you might want to explain that you now have a stoma and what this means to you, so they have some sort of understanding.

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Your Colorectal Nurse Specialist can help you to take charge by planning and rehearsing your response to questions, and discuss who needs to know and what level of information you will give them.

This booklet has been developed using existing patient information, valuable suggestions from patients and contributions from health care professionals.

**If you need any further information and clarification, please contact the Colorectal Specialist Nurses Telephone Number 02476 965825**

## Local Services

Age UK Coventry Age UK Warwickshire		024 7623 1999 01926 458100
Bowel Screening Unit		01788 545166/667737
Cancer Information Centre	Main Entrance UHCW	024 7696 6052
Health Information Centre	Main Entrance UHCW	024 7696 6051
Coventry Macmillan Care Team	Hospital Community	024 7696 5498 024 7623 7001
Rugby Macmillan Care Team.	Community	01788 555119
GUT (Cancer Support Group for Coventry & Warwickshire)		024 7696 6475
Chaplaincy (Hospital)	Hospital	024 7696 7515
Bowel Clinical Trials Nurse	Hospital	024 7696 7151

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Specialist Genetic Nurse	Hospital	024 7696 4000
Surgical Counselling Service	Hospital	024 7696 6188
Oncology Counselling Service	Hospital	024 7696 7290
Complimentary Therapies	Hospital	024 7696 7290
Psychosexual Therapy	Hospital	024 7696 7290
Citizens Advice Bureau	Coventry Rugby	024 7625 2050 (Appointments only) 0844 855 2322
Coventry Carers Centre	Support for carers	024 7663 2972
Guideposts Trust	Support for carers	024 7638 5888

### **Also available at University Hospital:**

Physiotherapy, Occupational Therapy, Dietitian Service, Social Services

## **National Contact Numbers**

Association of Coloproctology for Great Britain and Ireland	<a href="http://www.acpgbi.org.uk/">http://www.acpgbi.org.uk/</a>
Beating Bowel Cancer	020 8892 5256 <a href="http://www.beatingbowelcancer.org">www.beatingbowelcancer.org</a>

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National Cancer Institute (American)	<a href="http://www.cancer.gov">www.cancer.gov</a>
Bowel Cancer UK	<a href="http://www.bowelcancer.org.uk">www.bowelcancer.org.uk</a>
Colostomy Association	0800 328 4257 <a href="http://www.colostomyassociation.org.uk/">www.colostomyassociation.org.uk/</a>
CORE (The Digestive Disorders Foundation)	020 7486 0341 <a href="http://www.corecharity.org.uk">www.corecharity.org.uk</a>
The Ileostomy & Internal Pouch Support Group (IA)	0800 018 4724 <a href="http://www.the-ia.org.uk">www.the-ia.org.uk</a>
Macmillan Cancer Support	0808 808 0000 <a href="http://www.macmillan.org.uk">www.macmillan.org.uk</a>
Marie Curie Cancer Care	0800 716 146 <a href="http://www.mariecurie.org.uk">www.mariecurie.org.uk</a>

The Trust has access to interpreting and translation services. If you need this information in another language or format please contact 024 7696 5617 and we will do our best to meet your needs.

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To give feedback on this leaflet please email [feedback@uhcw.nhs.uk](mailto:feedback@uhcw.nhs.uk)

### Document History

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