The final stage of the coloanal procedure, or low anterior resection, is completed when you have ileostomy takedown surgery. This means that the temporary detour for stool through the ileostomy is closed. Stool will now be passed through the new coloanal connection (with or without a colon pouch) made by your surgeon.

**Over the next year**

It is common to pass 4 or more stools a day after your take-down surgery. At first you may feel an urgent need to pass stool and may even have leakage through your anus. This will improve over the next few months to a year as your sphincter muscles become stronger. Stools will become thicker as your bowels start to absorb more water. This helps to decrease leaking. Most patients can hold their stool up to 1 ½ hours and will slowly improve. Radiation can affect your urge to pass stool and also how long you can hold it.

You may leak stool during the day, but it is more common at night because your anal sphincter muscles relax while you sleep. It may take up to a year before you have total nighttime control. After the first year, 10% to 20% of patients may continue to have some leakage when they sleep. Some patients feel more secure wearing pads in their underwear.

**Fluids**

During the first few weeks after your takedown surgery you should drink at least 2 quarts of fluids a day. That is approximately a cup every 2 hours during the day, or eight 8-ounce glasses. You need to drink more if you have diarrhea.

### Helpful Hints About Diarrhea

Diarrhea is very high volumes of watery stool. If you have diarrhea, take 1-2 Imodium tablets four times a day (up to 8 tablets in 24 hours, or 16 mg total), until your diarrhea is controlled. Start slowly with the Imodium. Too much too soon may make your stools too thick. A good start would be one tablet four times a day. Then add another additional tablet each time if stools do not thicken.

- If diarrhea lasts more than 2 days even after you have taken Imodium, or if you have symptoms of dehydration call your surgeon or the clinic. (See Fluids and Call your surgeon...on this sheet.)
- Thickening loose stool may help decrease the leaking. You may take bulk-forming agents such as Metamucil or Citrucel (1-2 rounded teaspoons with 3-4 ounces of water at mealtimes) to help thicken loose stool.
- Sometimes separating food from liquids when you eat can help to slow the bowels and passage of stool. If you drink large amounts of liquid with your meals, food may pass more quickly. While you are eating, try to take only a few sips to help you swallow, and then drink more liquid 30 minutes later.
- Sometimes diarrhea can be from infection in the colon related to antibiotics you received around the time of surgery. This usually causes watery, foul-smelling, and explosive bowel movements and perhaps fever. Call your surgeon if this happens.

### Helpful Hints About Urges

- It may be hard to tell the difference between an urge to pass stool and an urge to pass gas. Some patients can pass gas without stool only if they are lying down. It is best to sit on a toilet even if you think it is only gas.
- When you have the urge to have a bowel movement at an inconvenient time, use deep breathing and sphincter tightening Kegel exercises to try to delay it.

### Kegel Exercises

Tighten your anal muscle or sphincter as if you are trying to prevent a bowel movement. Hold for a count of 10 while squeezing tightly. Then relax for a count of 10. Repeat each step 10 times to make one set of exercises. You can do up to 4 sets a day or more.

### Helpful Hints About Fluids

- Anything that turns to a liquid in your mouth is a fluid. Examples are frozen yogurt, ice cream, Jello and popsicles.
- Drink plenty of non-caffeinated, non-alcoholic fluids. Water, sports drinks, and juice are good choices. Be careful of the sugar content if you have diabetes.
- You need to drink a variety of liquids, not just water. Water does not contain potassium or sodium that your body loses when you have diarrhea and when you sweat.
or if you are sweating from hot weather, exercise, or fever. Avoiding fluids to decrease stool output almost always makes you dehydrated.

**Be aware of the signs of dehydration**
- Weakness and fatigue
- Urinating less often
- Urine that has a dark yellow color, like tea or cola
- Increased thirst
- Skin that “tents.” Gently pinch yourself on your forearm. If it remains raised in a “tent” after you remove your fingers, you may be dehydrated.
- Dizziness and/or confusion
- Dry mouth

**Diet**
Foods that gave you diarrhea before your takedown surgery may continue to give you loose, watery stools. For the first two weeks after takedown surgery, continue to follow a low residue diet. After this, gradually increase fiber until you are eating a regular diet. See the food list in your packet.

**Helpful Hints About Diet**
- Spicy foods and raw vegetables may burn or irritate the skin around your anal opening.
- Foods that improve stool thickness help prevent leaking and frequency.
- If you are unsure how you will react to certain foods, introduce them slowly and in small amounts. If you cannot tolerate a certain food, try it again in a few weeks.
- In the first few weeks after surgery, you can probably tolerate 4-6 small meals a day better than three large ones.
- Eating a snack between meals helps some people reduce gas.
- It is common to fill up quickly and have a poor appetite for a few weeks after your surgery.

**Medicines**
Some forms of medicines will not have time to be absorbed properly if you are having diarrhea and frequent bowel movements. Until your bowel movements become thicker and less frequent, it is important that your pharmacist and other doctors are aware that you have a new colon connection.

**Helpful Hints About Medicines**
- During periods of high output, look in your stool for undissolved pills. Medicines may need to be changed to a liquid form.
- At first, do not put any suppositories through your anus unless your surgeon recommends it.
- Ask your pharmacist if any of your liquid medicines contain sorbitol. It can cause loose stools.

**Incision care**
You will have a small opening in the area where your ileostomy stoma was located. Within this opening there will be a thin ribbon dressing or a plastic drain that will draw out fluid. This should be removed before you are released from the hospital. If this has not happened, you will be asked to remove it at home. You can easily remove the drain or tube by gently pulling on it. Sometimes wetting the area in the shower can make it easier.

Flush the incision in the shower daily when you go home and place a dry dressing over it to protect the skin and keep your clothes clean. It usually takes 2-4 weeks for this incision to heal completely. You can expect drainage, but if the area becomes red like a spreading sunburn or has a foul-smelling drainage, please contact your surgeon. If you had a larger incision or opening with staples, they should be removed 7 to 10 days after your surgery. Contact the clinic if an appointment was not made for you to have the staples removed. Your local doctor or the home care nurse also can remove them.

**Skin care**
The skin around your anus can be irritated after passing loose stool, so proper skin care is very important.

**Helpful Hints About Skin Care**

**For the first few weeks after your surgery**
- After each bowel movement, gently clean the skin with lukewarm water using a squirt bottle, a soft paper cloth, toilet paper, baby-wipes, or Tucks pads. Then pat dry. Some patients have found that toilet paper with added lotion is less irritating.
- After each bowel movement, apply a moisture barrier cream to protect skin from drainage. Products with dimethicone are non-greasy and provide a clear, effective barrier. Products with zinc oxide are also good barriers. Your surgeon or ostomy nurse can recommend an appropriate skin barrier product to try after your surgery.
- Avoid rubbing or scratching the skin, even with toilet paper. Think about how raw your nose gets when you have a cold and have to keep blowing your nose!
- If you use soap, rinse well. No-rinse cleansers are also available.
- Avoid soaps, cleansers, and toilet paper that contain perfumes because they may irritate your skin.

In general
- You do not need to completely remove the moisture barrier cream from your skin after each bowel movement. Gently clean stool from your skin and reapply the barrier cream.
- Avoid rubbing or scratching the skin, even with toilet paper. Think about how raw your nose gets when you have a cold and have to keep blowing your nose!
- If you use soap, rinse well. No-rinse cleansers are also available.
- Avoid soaps, cleansers, and toilet paper that contain perfumes because they may irritate your skin.
Sexual activity

• You may resume sexual activity as soon as you feel comfortable and after it is okayed by your surgeon.
• Anal sex is prohibited due to possible damage to your colon connection.

Women

• Women’s menstrual cycles can be disrupted after any operation. Your cycle should resume in 1-2 months after surgery. If it does not, contact your primary care doctor or OB/GYN.
• Having this kind of surgery does not prevent you from getting pregnant. Talk with your surgeon about how long you should wait after your surgery if you are planning to become pregnant.
• Just after surgery, your birth control pills may need to be changed to another form because the medicine may not be absorbed into your body during periods of high output. Contact the doctor who prescribed them.
• Caesarean section is often the recommended method of birthing due to the possibility of injury to the anal muscles during a vaginal delivery, but it is up to your OB/GYN to decide what is safest for you and your baby. It is important that your OB/GYN knows that you have a coloanal connection.

Men

• After this surgery 20-30% of men risk sexual dysfunction. The risk of impotence or infertility may depend on whether you had cancer and/or radiation. If you have a problem with impotence, ask your surgeon for referral to a urologist to help you.

Returning to work

Everyone’s recovery time varies. It is recommended that you gradually increase your workload as you feel able. Returning to work after surgery can also depend on the type of work you do. If you have a desk job, you may return to work in about 2 weeks. If your job requires a lot of physical activity, you may need to wait 4 weeks to return to your job. You should talk with your surgeon to decide.

Your emotions

At first, living with a coloanal connection or colon pouch may make you feel different or isolated. You may go through a grieving process because of the loss of what you have always experienced as normal. You may not know anyone else who has had this type of surgery, and you may feel alone. You may feel just fine one day and down and depressed the next. If you have problems with incontinence, skin problems, or other difficulties, you may become discouraged or sad. All of these feelings are normal and are part of the healing process, but coping can be difficult.

If you feel that coping is too difficult and that you are not adjusting to life with a coloanal connection or colon pouch, there is help for you. Your ostomy nurse can guide you in the rehabilitation process and can put you in contact with community resources, support groups, and mental health counseling.

Helpful Hints for Activity

As a good rule of thumb: if it hurts, don’t do it.
It is important to know the location of bathrooms in places where you often go. Always keep creams, underewear, pads and other supplies with you in case of leaking away from home, especially the first few weeks after the ileostomy takedown.

Call your surgeon if you have...

• severe cramping or abdominal pain that has not been relieved by pain medicines
• fever over 101.5° F
• nausea or vomiting when you cannot keep anything down, even liquids
• stools that are watery, foul-smelling, and explosive
• more than 10 stools a day even though you have followed your diet, have had plenty of fluids, and have taken anti-diarrheal medicine
• continuous bleeding or a large amount of blood in your stool
• skin irritations that have not improved even though you followed these skin care instructions
• any other problems, questions, or concerns about your coloanal connection or colon pouch

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