Getting Ready for and Recovering From Ileostomy Surgery

About This Booklet

This booklet was developed with input from patients, doctors and healthcare providers. It provides general information to help you prepare for your surgery and recovery.

Please read this booklet as soon as you get it!

If your surgeon or nurse gives you information that is different than what is in this booklet, please follow their directions.

The instructions in this booklet are based partly on the Enhanced Recovery after Surgery (ERAS) plan. The goal of this plan is to get you back to regular activities as soon as possible. To do this, you need to play an active part in getting ready for and recovering from your surgery.

Bariatric surgery patients: Please follow the eating and drinking information in your Bariatric booklet, or follow the instructions given to you by your Bariatric Program Team.

If you are not sure what you should do, please ask your Bariatric Program Team!

Surgery-Specific Companion Booklets

Companion books are available for some surgeries. These booklets provide extra information and are meant to be read with this booklet. Ask your surgeon or nurse if there is a companion booklet specific to your surgery.

You can find copies by:

- Asking your surgeon’s office, **or**
- Going to the *Getting Ready for Surgery* page of Island Health’s public website: https://www.islandhealth.ca/learn-about-health/surgery/getting-ready-surgery

Help your care team help you!

Share this booklet with your care team so they know about your plans to recover and get home as soon as possible.

Please note that the information in this booklet is current as of the date printed on it.

Informed Consent

Before agreeing to undergo surgery, your surgeon will thoroughly explain the procedure to you and give you the opportunity to ask any questions you might have. This discussion includes the reason for surgery, the benefits and risks involved, alternatives to surgery and what you can expect after the surgery.

If, after this discussion, you would like to move forward with surgery, you will be asked to sign an informed consent form when you come to the hospital. The informed consent form includes the name of your surgeon, the surgery you are having, and the side of the body on which the surgery will be done, if applicable.

Depending on your surgery, you might be asked to sign a consent for blood products and/or a consent for implant tracking. Please read the consent form carefully before signing it and ask your surgeon or the nurses witnessing your signature if you have any further questions or need more information.

MOST (Medical Orders for Scope of Treatment)

We do everything we can to make sure that your surgery is safe; however, in an emergency or urgent situation when you cannot make decisions for yourself, a Medical Orders for Scope of Treatment, or MOST, will help to make sure your healthcare treatment matches your wishes.

A MOST is created when you are well enough to share your wishes, and helps ensure that the care you receive reflects what you want.

What is MOST?

MOST stands for **M**edical **O**rders for **S**cope of **T**reatment, and helps ensure your healthcare treatment aligns with your wishes if you become critically ill the treatments you do or do not want doctors to use.

A MOST:

- is written by your doctor, based on conversations with you, about the types of treatments you would agree to in a medical emergency,
- reflects your wishes and guides your healthcare team, if you are not able to speak for yourself, and
- is written after you have had a conversation with your healthcare provider about your wishes and understand your options.

Who should have a MOST?

MOSTs are for all adults (19 years of age and older) where appropriate. They are especially important for adults who have advancing illnesses or chronic conditions that are life-limiting or life-threatening.

How is a MOST determined?

The content of a MOST is based on conversations with you, your health care providers, family and loves ones about:

- advanced care planning; your wishes and goals of care for future health care,
- current and future treatment options available to you, and
- your health conditions and how your condition will progress.

After these conversations, your doctor will complete a MOST to guide healthcare team members if there is an emergency.

What might my healthcare provider discuss with me?

You and your healthcare provider might discuss:

- what is important to you (your goals of care),
- your health and what it might look like in the future,
- your options for care and medical treatments (including CPR and critical care admission),
- End-of-life care, and/or
- who will speak for you if you cannot speak for yourself (your “substitute decision-maker”).

What should I do?

Speak with your healthcare team, family and loved ones about your healthcare wishes and instructions.

Conversations about a MOST might be started by your surgeon, anesthesiologist or another member of your care team, depending on your situation. If you have specific preferences about the kind of care you would or would not want, you can speak directly with your surgeon or anesthesiologist.

If you're not sure who to talk to, let anyone on your healthcare team know; they can help connect you with the right person.

Getting Ready for Surgery

Length of Stay

Your likely length of hospital stay is 4-7 days. You may go home earlier or later, depending on your recovery.

The Digestive System

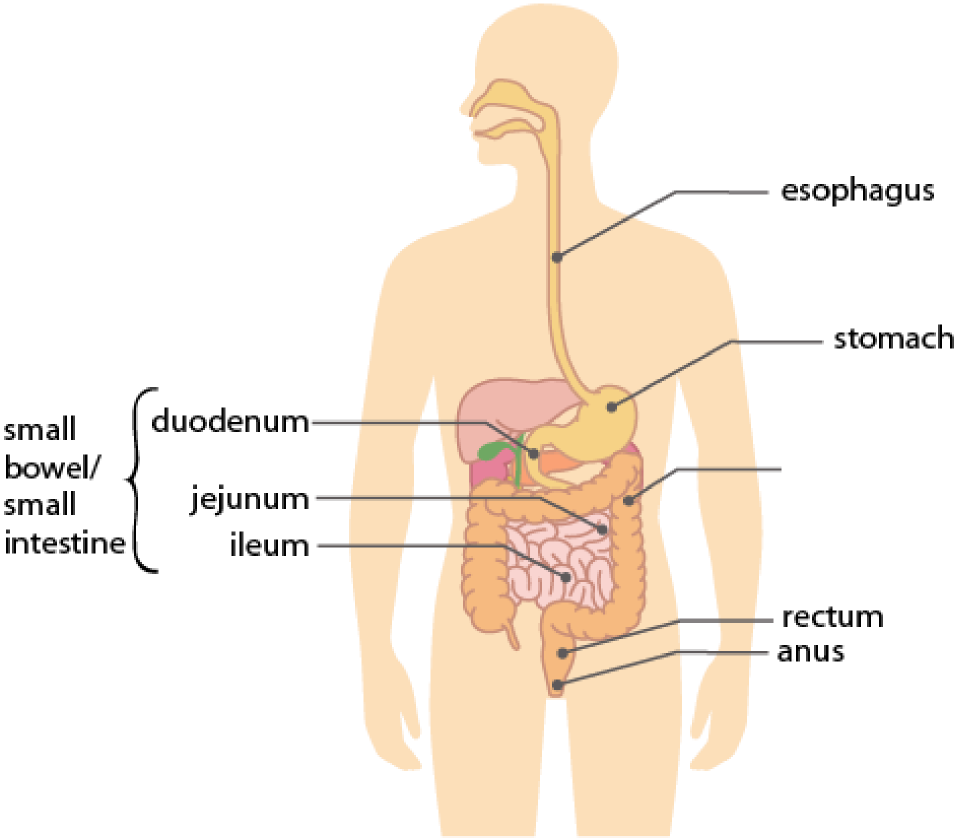
Knowing how the digestive system works gives you a better idea of what changes happen during ileostomy surgery, and helps you prepare for a smoother recovery.

When you eat, food passes from your mouth through the esophagus into your stomach. From there, it moves into the **small bowel**, also called the **small intestine**. The small bowel is a long, coiled tube made up of three sections: the **duodenum**, **jejunum**, and **ileum**. It plays a key role in digestion by breaking down food and absorbing nutrients like vitamins, minerals, protein, fats, and carbohydrates into your bloodstream.

The **duodenum** is the first part of the small bowel and is responsible for mixing food with digestive juices. The **jejunum** is the middle section, where much of the nutrient absorption takes place. The **ileum**, the final and longest part, absorbs vitamin B12, bile salts and any remaining nutrients.

What's left after digestion, things your body doesn't need or can't absorb, is called **waste**. This waste moves into the **large bowel** (also called the **large intestine** or **colon**). As the waste travels through the large bowel, fluids are absorbed and stool (also called feces, or poop) begins to form.

When stool reaches the **rectum**, the body senses the need to have a bowel movement. The stool is then passed out of the body through the **anus**.



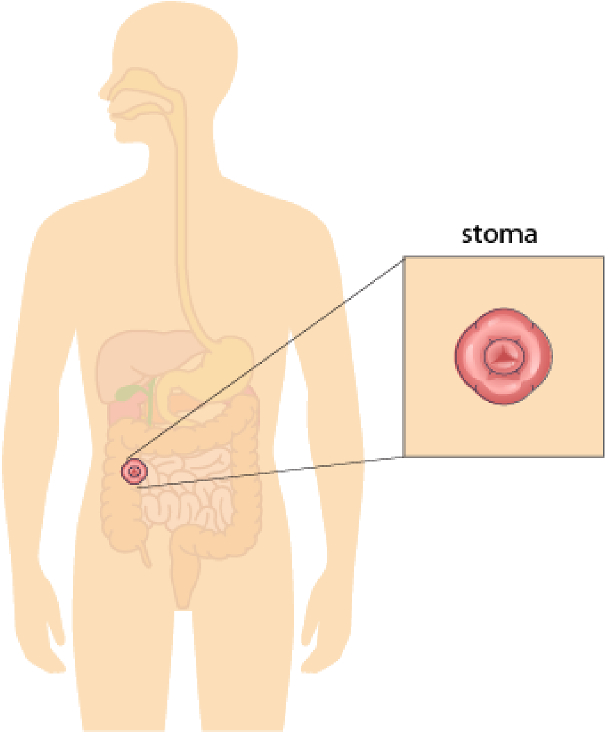
About Your Surgery

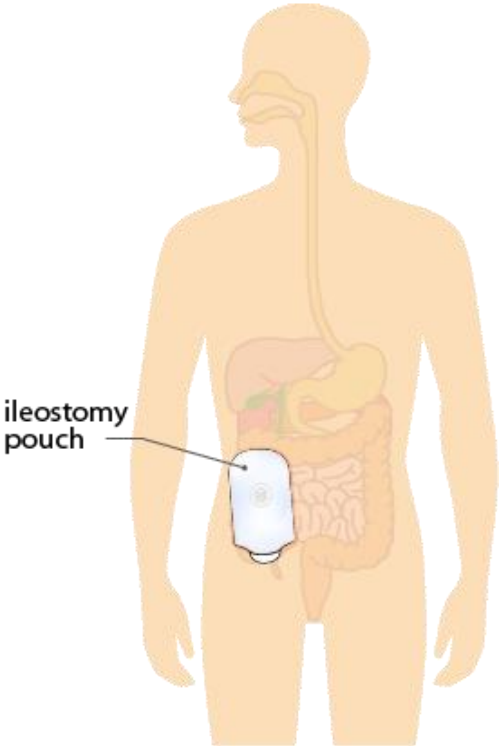
Ileostomy surgery is a type of bowel surgery where a part of the small intestine is brought through an opening in the abdomen (belly) to create a **stoma**, which is also called an **ostomy**. The stoma is the part of the bowel that you can see on the outside of your abdomen. The stoma lets stool (poop) and gas out of the body without going through the colon or rectum (bottom).

Ileostomy surgery might be needed for people who have inflammatory bowel disease, cancer, or an injury to their bowel.

In some cases, part of the small intestine may be removed; this is called a **bowel resection**. The rest of the bowel is reconnected.

The type of bowel surgery you have depends on your medical condition. An ileostomy may be **temporary or permanent**, depending on your diagnosis. This booklet focuses on helping you to get ready for and recover from ileostomy surgery.





Types of Ileostomies

There are 3 main types of ileostomies:

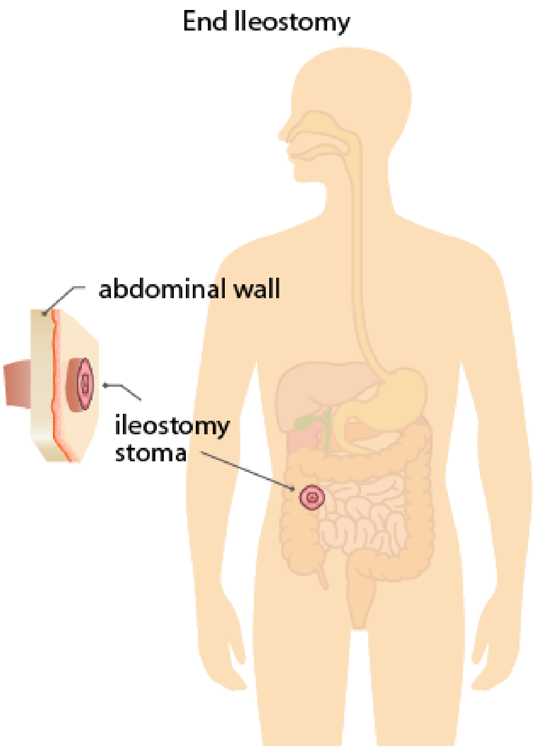
- End ileostomy
- End ileostomy with a rectal stump
- Loop ileostomy

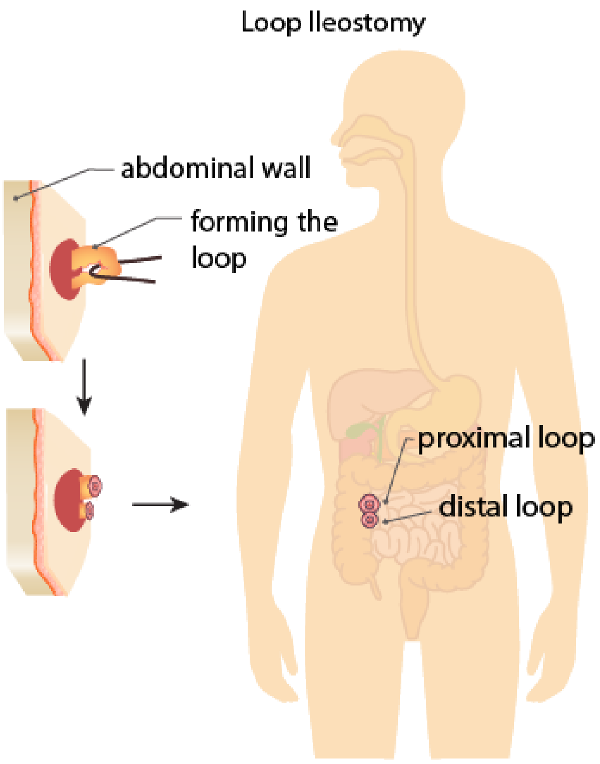
Your surgeon will discuss with you what type is best for you.

End Ileostomy

An end ileostomy has one opening and is created using a part of the small bowel called the **ileum**. Stool and gas leave the body through this opening.

If the colon, rectum, and anus are removed during surgery, this type of ileostomy is **permanent**.



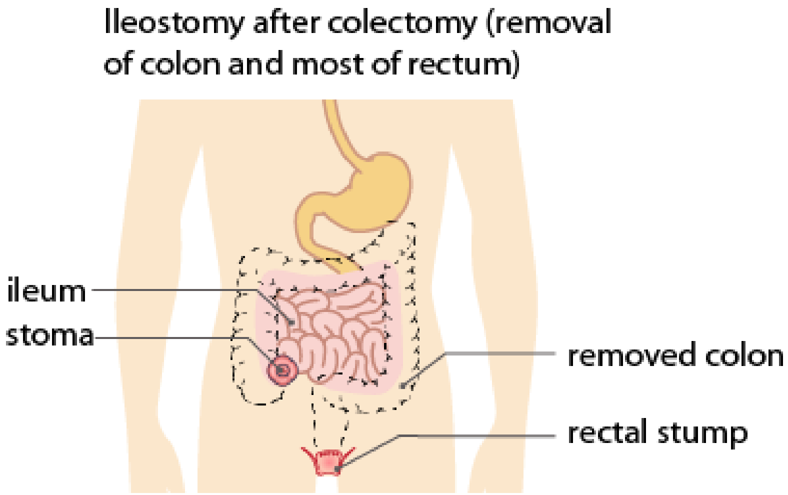


End Ileostomy With a Rectal Stump

In some cases, the upper part of the rectum is closed off and left inside the body. This is called a **rectal stump**.

Because the rectum and anus are still in place, you may sometimes feel the urge to have a bowel movement (poop), and you might pass mucus (a slimy substance) from the rectum.

This type of ileostomy might be **temporary** or **permanent**.

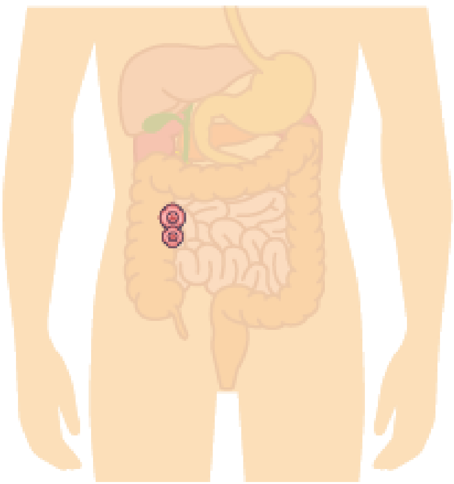


Loop Ileostomy

A loop ileostomy is often **temporary** and is usually done to allow part of the bowel to rest or heal. It involves bringing a loop of the small bowel to the surface of the belly.

This type of ileostomy has **two openings**:

- One opening is active and lets stool and gas leave the body.
- The other opening does not pass stool but might release **mucus**. Mucus may build up in the rectum, and it’s normal to still feel the urge to have a bowel movement even though you won’t be passing stool the usual way.



Temporary Loop Ileostomy

How the Surgery Is Done

There are 2 ways of doing ileostomy surgery: open and laparoscopic.

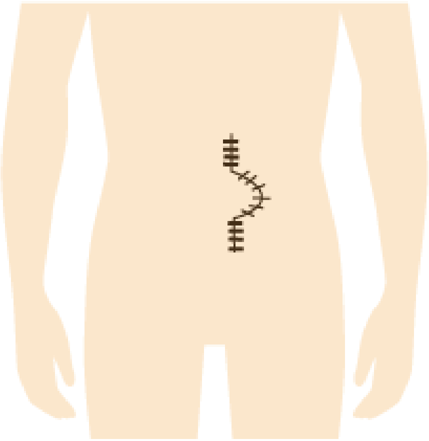
Open Surgery

In some cases, your surgeon may perform **open ileostomy surgery**. This means making a larger incision (cut) in your abdomen to see and work directly with your bowel.

The surgeon brings the end of your small bowel (the ileum) through the opening in your abdomen to create a **stoma**.

Open surgery might be needed if the procedure is more complex, if there's scar tissue from previous surgeries, or if the surgery is done in an emergency. It gives the surgeon more direct access and visibility when operating.

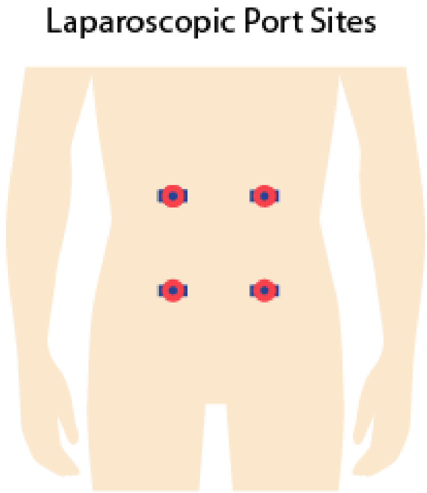
Open Incision closed with staples



Laparoscopic Surgery

In **laparoscopic surgery**, the surgeon makes a few small cuts in the abdomen instead of one large incision (cut). A tiny camera (laparoscope) and surgical tools are inserted through these cuts to perform the operation.

The ileum is brought out through one of the incisions to create the **stoma**, or through the marks that your NSWOC (Nurse Specialized in Wound, Ostomy and Continence) (also called an *ostomy nurse*) at your pre-operative (pre-surgery) appointment.



Laparoscopic Port Sites
The location and number of laparoscopic port sites maybe different, depending on the procedure and surgeon.

Preoperative Preparation

Having Someone to Help You Recover

If possible, it’s helpful to have a support person, such as a family member, friend or someone you trust, who can be involved before and after your surgery. They can go to appointments with you, learn how to help you care for your ileostomy, and support you during your recovery at home.

If you don’t have someone who can be with you, that’s okay. Let your healthcare team know and there may be other supports available to help you feel prepared and cared for as you recover.

Nurse Specialized in Wound, Ostomy and Continence Appointment

A Nurse Specialized in Wound, Ostomy and Continence (an NSWOC, or ostomy nurse), is a specially trained nurse who helps people care for wounds, ostomies (surgical openings like ileostomies or colostomies), and continence issues (bladder or bowel control).

NSWOCs provide expert advice, support and education to help patients manage their ostomies and improve their quality of life.

During your appointment with an NSWOC nurse, they will

- review anatomy changes (changes to the inside of your body) and provide education on ileostomy routines,
- show you an ileostomy pouch (bag) and tell you how it works,
- make a mark on your abdomen (stomach) to help your surgeon know the best place to create the stoma on your body,
- talk with you about supplies you will need after your surgery, and
- give you with a very important booklet called A Guide to Living With an Ileostomy.
    - This booklet gives you details about how to care for yourself and your ileostomy after surgery.

If your surgery is urgent or booked for the very near future, the NSWOC will visit you in the hospital.

If your surgery is booked in advance, you will visit with the NSWOC at the NSWOC Clinic before your surgery. You might also want to bring a support person to help you remember the information, ask questions and learn how to support you after surgery. The NSWOC office will call and book the date and time of this appointment.

Bowel Preparation

- You might need to clean out your bowel before surgery. If you do need to clean out your bowel before surgery, your surgeon or pre-admission clinic nurse will give you instructions.
- Some people need to go on a diet of clear fluids to prepare their bowel before ileostomy surgery; other people need laxatives, enemas, or suppositories. Your doctor or nurse will tell you what is best for you.

Recovering from Surgery While in Hospital

After Your Surgery

Most people stay in the hospital for about **4 to 7 days** after ileostomy surgery. The exact length depends on how your surgery was done (open or laparoscopic), how quickly your bowel starts working again, how your recovery is going, and how confident and comfortable you feel with managing your stoma.

This time in hospital gives your body a chance to **start healing** and gives you the opportunity to begin **learning how to care for your ileostomy**. You don't need to have it all figured out right away; your health care team is here to support you every step of the way.

Managing Your Ileostomy

It's normal to feel uncertain at first, but most people are able to manage their ileostomy independently before going home.

You've got a whole team here to guide and support you.

By the time you go home, your team will help make sure you

- are eating and drinking enough to stay nourished and hydrated,
- are moving around safely and steadily,
- feel confident with how to empty and care for your pouching system, and
- know what to expect and who to call if you have concerns.

Your **ileostomy will usually begin working within 1 to 2 days** after surgery. At first, the output (what comes out of your stoma) might be green or blood-tinged liquid; this is normal.

After surgery you will have a clear pouch over your stoma so your care team can see how it's working.

Your nurses will watch your stoma closely and will teach you and your support person how to care for it, including how to empty and change your pouch. You'll practice with guidance and encouragement, building your confidence a little more each day.

You will slowly begin drinking fluids and then move on to soft, easy-to-digest foods as your bowel function returns.

If your **rectum and anus were removed**, you will also have a second incision (called a **perineal incision**) that requires care. Your nurses will check this area regularly and show you how to care for it at home.

Pain Management

Some pain or discomfort is normal after ileostomy surgery, especially around your incisions or stoma site. Your health care team has different ways to keep your pain under control, such as IV medications right after surgery, and oral pain medicine (medicine you swallow) as you recover.

Depending on what you need, you might also get freezing (numbing) near your incisions, or patient-controlled analgesia (PCA).

Managing Your Pain

Managing your pain is a critical part of your recovery.

You don't have to “tough it out.”

We’re here to help you feel as comfortable as possible.

PCA works through a small pump connected to your IV (a tube in your vein) that lets you give yourself pain medicine when you need it. You’ll press a button to receive a small, controlled dose of medication. The pump is set up to make sure you don’t get too much, even if you press the button more than once.

Patient Controlled Analgesia Pump

Another option your team might use is an **epidural**, which is a small tube placed in your back to deliver pain medication. This helps block pain and can be especially helpful in the first few days after surgery. If you have an epidural, you will be watched closely to make sure your pain is well controlled and to check for any side effects.

Good pain control helps you move around, eat, breathe deeply, and take part in your recovery. Let your care team know if your pain isn’t well managed or if any medication makes you feel unwell.

Eating and Drinking

The first few days after surgery are a time of change for your digestive system. Because bowel surgery affects how your body handles food and fluids, you will start eating gradually and slowly as your bowel begins to recover.

You'll begin with **clear fluids** like water, juice or tea. Once you're able to tolerate those, you'll move on to **full fluids** such as milk, cream soups, pudding or ice cream. After that, you'll start eating a **light or soft diet**: foods that are gentle on your system and low in fibre, fat and spices.

During this early stage of recovery, you'll need to follow a **low fibre diet** (also known as a low-residue diet). This helps prevent blockages in your new ileostomy. During the early stages it is important to avoid

- raw fruits and vegetables,
- nuts, seeds, and popcorn, and
- foods with skins or peels (like apples, corn, and tomatoes).

Take your time with meals, **chew your food well** and eat slowly. This helps your digestive system adjust and reduces the risk of gas, bloating, and discomfort.

Stay hydrated
Try to drink **1.5 to 2 litres (6–8 cups)** of fluid every day. This is especially important with an ileostomy, since your body may lose more fluids than it did before surgery.

Some people feel ready to eat sooner than others, and it's normal to have a small appetite at first. Just focus on **small, frequent meals** and sip fluids throughout the day. Every bite counts toward helping your body heal.

You will also meet with a **registered dietitian** before going home; they can help you plan meals that fit your needs and support a smooth recovery.

Going to the Bathroom

After ileostomy surgery, your body no longer passes stool through your rectum and anus. Instead, stool will come out through your stoma into a pouch (ostomy bag) that's attached to your abdomen. You won't be able to feel when stool is coming out, and you won't have control over when it happens. This is normal.

What to Expect:

- **Stool consistency**: Output from an ileostomy is usually loose to watery, especially right after surgery. Over time, it may become thicker as your body adjusts.
- **Frequency**: Your stoma may be active several times a day, especially after meals or drinking fluids.
- **Gas**: It's normal to have gas exit through your stoma, which may cause your pouch to fill with air. Some people notice more gas after eating certain foods or

drinking carbonated beverages. While you are in the hospital, your nurse will show you how to “burp” your ileostomy bag.

- **Mucus**: If your rectum was not removed, you may still pass small amounts of mucus from your anus. This is normal and may feel like the urge to have a bowel movement.

Managing Output:

- Your care team will teach you how to empty and care for your pouch. You will have a lot of support and chances to practice before you are discharged.
- You might need to empty your pouch several times a day, depending on what you eat and drink.
- After surgery, your healthcare team will help you learn what’s normal for your output and what to watch for.
- After your surgery, you will need to monitor hydration, stool consistency and volume. Your healthcare team will teach you what to look for, once your ileostomy is working.

Activity

It’s very important to move around and stay active after surgery to support your recovery. Lying in bed too long can cause problems like **pneumonia**, **blood clots**, **muscle weakness**, and a **slower return of bowel function**. The more you get up and move the better you will feel, both physically and mentally.

Your healthcare team will support you, but your own **motivation** plays a big role in recovery. Being proactive about walking, sitting up, and doing your breathing and leg exercises (see below) can help you heal faster and get home sooner.

As soon as possible after your surgery:

- Your nurse will help you sit up and dangle your legs at the side of the bed.
- If you're feeling well, you may be helped into a chair.
- If you don’t have a catheter in your bladder, your team will help you walk to the bathroom.
- if your nurse says it’s safe, you might start walking in the hallway the evening of your surgery.

Walking is especially important because it helps **“wake up” your bowels**, which relieves gas and bloating. This can reduce the discomfort of gas cramps and help your digestion return to normal more quickly.

You'll also be directed to do

- **deep breathing and coughing exercises**, to keep your lungs clear, and
- **leg exercises**, to help with circulation and prevent blood clots.

Try to set small goals for yourself each day, like getting out of bed for meals, walking a little farther, or doing your breathing exercises regularly. Every bit of movement helps your body recover.

Daily Activity Goals After Ileostomy Surgery

Use the chart below to track your activity goals each day. Small steps can make a big difference in your recovery.

Daily Activity Goals Chart

Day	Out of Bed for Meals	Walk in Hall	Breathing Exercises	Sit in Chair	Notes
Day 1					
Day 2					
Day 3					
Day 4					
Day 5					
Day 6					
Day 7					

Tip: Try to do your breathing exercises 3–4 times a day, and walk in the hall at least twice a day, if you're able.

Talk to your nurse or physiotherapist if you're not sure what's safe to do each day.

Planning for Discharge and Recovery

Most people are ready to be discharged from hospital within 4–7 days after surgery. If you are staying overnight, **discharge time (when you leave the hospital) is usually around 10:30 a.m**. The hospital staff will let your support person know when to pick you up. Be sure to have a ride home arranged; you won't be able to drive yourself.

Eating and Drinking

Continue following the **diet** recommended by your care team. Eat small, frequent meals and drink a lot of fluids to stay hydrated. Avoid foods that may cause blockages, like raw vegetables, popcorn, or nuts. A registered dietitian might give you more detailed advice before you leave the hospital.

Going to the Bathroom

Your ileostomy will make stool and gas several times a day. Empty your pouch when it's about **1/3 full**. Don't worry, what feels new now will become routine over time.

You might pass some mucus from your rectum if it wasn't removed during surgery. This is normal.

Wounds

You might have an incision (cut) on your stomach. If your rectum was removed, you might have another incision (called a *perineal incision*).

Keep the area clean and dry, and follow instructions for dressing changes or wound care.

Watch for signs of infection like redness, swelling, or fluid leaking from the incision.

Activity

Start with gentle activity like walking around inside. Avoid heavy lifting or strenuous activity until your surgeon says it's okay. The more you move, the better your recovery will be, but listen to your body and take breaks as needed.

Pain Control

After you leave the hospital, follow the instructions for any pain medicine and taper off as recommended.

Other Information

- Before you leave the hospital, someone on your healthcare team will give you information about **follow-up appointments** and **prescriptions**.
- Find out where to order **ostomy supplies** and make sure you have them at home before you come to the hospital for your surgery.
- A nurse or an NSWOC might call you after you leave the hospital, to see how you are doing.
- Keep a **list of questions** for your follow-up visit. You will probably have questions after you leave the hospital.

Discharge Checklist: Going Home After Ileostomy Surgery

Use this checklist to help you feel prepared and confident as you leave the hospital.

☐ I have arranged a ride home from the hospital for when I am discharged.

☐ I know what I can eat and drink at home.

☐ I know how to empty and care for my ostomy pouch.

☐ I have a supply of ostomy products at home or know where to order them.

☐ I understand how to care for my surgical incisions.

☐ I know what signs of infection or complications to watch for.

☐ I know how to manage my pain.

☐I have my prescriptions.

☐ I understand when and how to get back to normal activities.

☐ I know when my follow-up appointments are, or when to expect a call.

☐ I have contact information for my surgeon or NSWOC if I have questions.

☐ I’ve written down any questions I want to ask at my follow-up visit.

Health Concerns

Call 9-1-1 if you have:

- Chest discomfort with sweating, nausea (feel sick to your stomach), faintness (dizzy) or shortness of breath.
- Shortness of breath that gets worse and is not relieved by resting.
- Fainting spells.
- Bright red blood in stool or urine, or when you cough.
- Sudden problems with speaking, walking, or coordination.

Call Your Surgeon if You have any of the Following Symptoms:

- Increasing pain that is not relieved by your medication
- Fever over 39°C (102.2°F)
- A high-grade fever 38.5˚C (101.3˚F) for 2 days or more
- Redness, swelling, or discharge from your incision or stoma site
- Bleeding from your stoma or rectum
- Nausea or vomiting (throwing up) that doesn't go away
- No stoma output for more than 4 to 6 hours
- Your ostomy output is much more than what your nurse told you to expect, or it’s very watery
- You feel dizzy, lightheaded, or have dry mouth or dark urine (signs of dehydration)
- Your stoma changes colour or looks like it is pulling in or bulging out
- Your calves (lower portion of your legs) get swollen and painful

If you cannot reach your surgeon:

- call your family doctor, or
- go to a walk-in medical clinic, or
- if it is after clinic hours, go to a hospital emergency department.

Tell us what you think!

After reading this booklet please respond to the following statements. Your answers and comments will help us improve the information.

Circle one number for each statement:

strongly disagree ↔ strongly agree

1.	I read all of the information provided.	1	2	3	4	5
	Comments:					
2.	The information is easy to read.	1	2	3	4	5
	Comments:					
3.	The information is easy to understand.	1	2	3	4	5
	Comments:					
4.	Reading this information helped me prepare for and recover from my surgery.	1	2	3	4	5
	Comments:					
5.	The information answered my questions.	1	2	3	4	5
	Comments:					

strongly disagree ↔ strongly agree

6. I would recommend this information to other patients. 1 2 3 4 5

Comments:

7. I prefer to have this information in: (check one)

___ A book just like this one.

___ Separate handouts on each topic that I need.

Comments:

8. I would have liked MORE information about:

9. I would have liked LESS information about:

10. What changes would you make in this booklet to make it better?

11. I am: (check one)

___ a patient.

___ a family member.

Please give this survey to your healthcare provider or mail to:

Manager of Surgical Quality Surgical Services, 2nd Floor, Memorial Pavilion,
Royal Jubilee Hospital, 1952 Bay Street Victoria, BC V8R 1J8


island health