

3. Arrival to UMMC

You will need to register at the admission counter on Level 1, Menara Selatan (South Tower), UMMC. You will then be directed to the relevant ward.

C. OPERATION

1. Anaesthesia

Refer to anaesthesia leaflet and section 3(ii) above. Most patients will undergo general anaesthesia.

2. Surgery

You will be lying on your back during the operation. When combined with other operations, the surgeon may need to place your legs in stirrups. There may be one, or more than one incision made in the abdomen (tummy wall), depending on whether it is combined with another operation. The incision to accommodate the stoma is usually on either the left or right side. Your surgeon will usually inject some local anaesthetic at the incision site(s) to minimize post-operative pain.

D. AFTER THE OPERATION

a. Initial recovery

You may have some nausea, and/or sore throat after the operation. Your doctors will advise you when it is safe to start eating. In general, you will be asked to start with clear fluids, before progressing to nourishing fluids and foods, to ensure there are no digestive problems.

b. Stoma care

The enterostomal therapy nurse will advise you on how to use the stoma bags, and also instruct on diet, activity level and other matters related to stoma care. It is advisable that at least one other family member also learns this care.

c. Home advice

i. Supervision

You will be given a follow-up clinic appointment for one to two weeks following discharge. Should there be any concerns prior to that, contact your team (see section E below). If you are discharged early, you may need to return to clinic earlier for removal of the bridge (if applicable).

ii. Activity

Your doctors will guide you on suitable levels of activities during your recovery process.

iii. Diet

Eat a well-balanced diet including vegetables and fresh fruits. Drink at least 6 to 8 glasses of fluids daily. Foods like fish, onions, garlic, broccoli, asparagus, and cabbage produce odor. Although your pouch is odor-proof, if you eat these foods you may notice a stronger odor when emptying your pouch.

iv. Complications to watch out for at home

Call your doctor if you have any of the following symptoms:

- Purple, black, or white stoma.
- Severe cramps lasting more than 6 hours.
- Large amount of watery discharge from the stoma lasting more than 6 hours.
- No output from the stoma for 3 or more days.
- Excessive bleeding from your stoma.
- Swelling or protrusion of your stoma to more than 2 cm larger than usual.
- Pulling inward of your stoma below skin level.
- Severe skin irritation or deep ulcers.

E. USEFUL CONTACT NUMBERS

Colorectal Team

crtummc@gmail.com

General Surgery Clinic (Monday - Friday)

03-79492736

General Surgery On-call Team (for emergencies)

03-79494422 - request to speak to on-call general surgery team member

Enterostomal Therapy Nursing Team (Monday-Friday)

03-7949 2927 / 2055 / 3970

CORUM (Colorectal Cancer Survivorship Society Malaysia)

corum.ccsm@gmail.com; 018-2003268

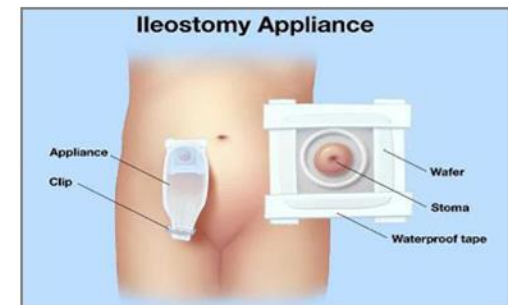
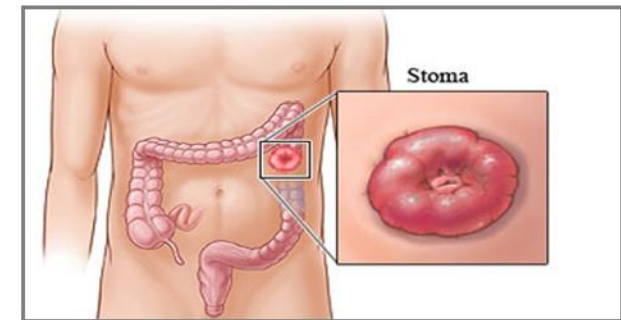
MOsA (Malaysian Ostomy Association) /
Persatuan Stoma Care Malaysia

psc_malaysia@yahoo.com / 03-4108 1653
012-775 1746 (Encik Rahime)
019-669 2747 (Sister Nor Azizah)



**UNIVERSITY
OF MALAYA
MEDICAL CENTRE**

STOMAS



© Colorectal Surgery Unit, Department of Surgery,
UMMC

A. GENERAL INFORMATION

1. Introduction

a. What is a stoma?

A stoma is a surgically made opening in the bowel, which is attached to the abdominal wall.

This is done to divert stools and gas to the exterior, where it can be collected in an external appliance (stoma bag). A stoma may be short-term or permanent, and may be constructed using either the small bowel or the colon (large bowel).

b. Why would I need a stoma?

- Reasons for constructing a stoma include: when a person is born without an anus (imperforate anus).
- as part of surgery to remove diseases like colorectal cancer, inflammatory bowel disease (ulcerative colitis & Crohn's disease), to minimize complications of re-connecting the bowel to relieve partial or complete blockage of the large intestine; this may be because the cause of the blockage cannot be removed.
- to relieve symptoms caused by passage of stools to the affected area (e.g. in inoperable rectovaginal fistula or incontinence).

c. What will the stoma look like?

A healthy stoma will usually be pink in colour. There may be one or two openings, but in general, stools and gas will exit through one opening. The stoma will protrude a little above the surface of the skin. Sometimes, immediately after construction, there may be a plastic or rubber rod ('bridge') placed under the stoma to keep it in place. This is usually removed after 5-7 days. The stoma may be sited either on the left or right side of the abdomen ('tummy').

2. What are the advantages of having a stoma?

A stoma is only constructed when it is absolutely necessary for your safety. Temporary stomas are constructed to divert the stools, so that you may continue eating, and pass stools safely, without contaminating the part of the bowel that has been joined together.

This allows the joined bowel ample time to heal well. Once your doctor is satisfied that the joined bowel has healed, a second operation will be performed to close the stoma.

Permanent stomas are constructed when it is not possible to remove the diseased part of the bowel, but it is necessary to divert the stools away from the area. If the stoma is not constructed, you will not be able to eat and drink, and there will be a high risk of potentially life-threatening complications.

3. What are the risks of stoma surgery?

In general, construction of a stoma, in isolation, is a safe procedure. When it is part of a bigger operation, the risks will mainly depend on the risks of the larger operation. Your doctor will have determined that the benefits of the surgery outweigh the risks, before recommending it. The risks of the surgery depend on many factors:

i. Patient factors

If you have other medical conditions, like diabetes or heart disease, you may have a higher risk of complications like infections or heart attacks. If you have had many abdominal operations before, the surgery may be more difficult.

ii. Anaesthetic factors

In general, if stomas are being constructed as part of a larger operation, a general anaesthetic is required. When constructed in isolation, it may be possible to do under regional or local anaesthesia. For specific risks associated with the different types of anaesthesia, please refer to the anaesthetic patient information leaflet.

iii. Surgical factors

In planned circumstances, it is usually possible to construct the stoma without too much difficulty. It can be more difficult if the bowel is badly affected by disease, or if you have had many previous surgeries. Sometimes the surgeon will have to construct the stoma using a different part of the bowel than anticipated.

4. Are there any other options besides surgery?

In some circumstances, it may be possible to offer alternatives such as colonic stenting. However, not all patients will be suitable for this. In end-of-life care, surgery may be deemed inappropriate, in which case, comfort measures such as medications to relieve pain and swelling may be given.

It may also be possible to relieve symptoms of obstruction by inserting a tube into the stomach.

All the above measures have a limited duration of effectiveness, and are usually reserved for patients who are not expected to survive surgery.

B. BEFORE THE SURGERY

1. Pre-admission clinic procedures

You will have been reviewed by the surgical team who will have confirmed the indication for the procedure, and briefed you on what it involves. Depending on your health and the complexity of your operation, you may be referred to the pre-anaesthetic clinic, so that any medical issues can be sorted out beforehand.

Both surgical & anaesthetic teams will want accurate information on:

a. Details on your health

Important details to inform your doctors include whether you have any conditions like diabetes mellitus, hypertension, heart, lung or kidney disease, or have had any hospitalizations or operations in the past, as well as any complications that may have arisen.

This would include any difficulties in childbirth, for women. Your doctors would also want to know about any conditions that run in the family.

b. Medications

Your doctors will want to have a complete list of all medications, including traditional / alternative medications / supplements that you are taking. It is important that you inform them of ALL medications that you are taking, as even supplements may interact with the drugs that are needed to perform the operation. Some may cause increased surgical complications such as bleeding or infection. You must also inform your doctors of any ALLERGIES, including to food.

2. Preparing for admission

a. Advice prior to admission

It is advisable for you to be accompanied during the admission process. Ensure that you have all relevant documents with you (identity card / passport, guarantee letters - employers or insurers etc.), and sufficient funds for the deposit. If you have trouble walking long distances, it is advisable to bring / request a wheelchair.

b. Medications, fasting etc.

Your doctors will have told you if you need to stop certain medications before the operation, and when to do so. These would include blood-thinning medications like aspirin and warfarin.

They will also advise when you should start fasting before the operation. In general, you should stop eating solids at least 6 hours prior to surgery. Clear fluids (water, glucose water, plain tea or coffee) are usually permissible up to two hours before surgery, but check with your doctors first.

Occasionally, you may be asked to undergo bowel cleansing prior to surgery. This will involve taking medications that will cause purging / diarrhoea. It may be possible for you to do this at home, but it may necessitate an earlier admission if you are coming from far away.

An enterostomal therapy nurse will see you before the surgery, to plan and mark the optimal site for the stoma. This is to ensure that the surgeon constructs it in a site that does not interfere with placement of the stoma bag, or interferes with the wearing of clothes, belts etc.