What exactly is a colostomy?

In basic terms a typical colostomy procedure is performed when a diseased section of the colon is removed, then the end leading to the stomach is brought through the abdomen wall to allow gas to expel and stool to exit.

During the surgery an incision is made generally below the waist line then the section of colon brought through the abdomen wall is turned outward then attached by sutures, then the first incision is either sutured or stapled together, and finally the entire area it taped to protect the sutures or staples during the healing process. This area is also known as the stoma; once the surgery is complete a colostomy pouch will be attached to the stoma. The other end of the colon that leads to the rectum is sealed off and the affected tissues of the colon can heal. In a majority of all cases after months of healing and rest time for the colon tissue a second surgery can be performed to reconnect the colon with a very high success rate.

This operation is quite serious and demands close team work of both the doctor and patient. The operation itself generally takes between two and five hours depending on the infection level, difficulty, and severity of trauma the colon has experienced. Colostomy surgeries are generally associated with diverticulitis, bowel obstruction, other inflammatory bowel conditions, and certain cases of cancer. It may be a consideration to talk to your surgeon about the possible removal of the appendix at the same time. It is not an organ that is necessary and considering the diverticulitis and colostomy situation, one less future potential problem can be eliminated.

When you actually get a look at your stoma, you will in fact be looking at the lining of the intestine, which looks a lot like the lining of your cheek and is red to pink in color. It is moist and warm and small amounts of mucus from the intestine lining will secret from it. The stoma has no valve or shut-off muscle like the anus so for this reason, you cannot control of the passage of stool from the stoma, although bowel movements can sometimes be managed in other ways.

It may look swollen at first, however as time goes by it will go down to a normal size, and depending on the surgery it may protrude a little above the skin line or be flush. You will generally have an Enterostomal Therapy specialist or an Ostomy Nurse who will walk you through the whole process and be there for emotional support for you.

Now that the surgery and stomas are simply explained, your emotions can’t be. This will definitely be a life altering experience and nobody can tell you it will be easy. You now have the choice to hide in the house and ignore life as you know it, or get out there and discover that life with the “pouch” can be manageable and also un-noticeable. The 21st century has helped colostomy patients come a long way, and this is not the end of the world. There are people you pass by everyday that have a colostomy pouch and you would never know it. The bags are odor free and thin, once you have adjusted they become a bit more trouble-free to empty, change
and clean.

I know the next question as you are trying to absorb all this is “What about the reversal that was mentioned above?” Yes its true many colostomy surgeries are only on a temporary basis. This is definitely a decision between you and your surgeon. If you do decide to have the reversal you will discover that the operation and recovery are very much like the first one. Generally the recovery is easier with less hospital time and a lot of walking for a speedier recovery. Don’t think this will be a walk in the park, it is still a serious surgery and there can be complications, so it is of the utmost importance to be prepared for it, so get your weight to a good level and get in good shape with exercise. Be as physically and mentally ready as possible.

Try your best to keep your sense of humor through all this, and remember you can still do a salsa or samba with the pouch on and look good on the dance floor.