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BOWEL FISTULA

(Fistula: colo-vaginal, colo-vesical, entero-cutaneous)

Your Bowel Fistula Operation - Some Information

These notes give an overall guide to your stay in hospital. You may see some differences in the details of your treatment since it is tailored to suit your own condition. Talk to the surgeon about any queries these notes may raise.

What is a bowel fistula?

Inside your tummy (abdomen), part of the bowel tube that takes the food waste to the back passage is diseased and is leaking. Some of the waste is finding its way to the outside along a wrong path, called a fistula.

The fistula is harmful if left, as well as being most unpleasant.

Most fistulas close off by themselves, but yours has not done this. You need surgery to fix it. The aim is to take out the diseased bowel and the fistula. The healthy ends of the bowel are joined up and the waste goes the proper way again.

Sometimes, there is so much infection around the diseased bowel that it is safest to bypass the bowel for a month or two before tackling the fistula area.

This means having the bowel upstream brought out onto the front of the

tummy (colostomy or ileostomy). You would need to wear a bag to collect the waste during this time. Later the colostomy or ileostomy would be closed off.

Sometimes the underlying cause for the fistula is not the bowel itself, but is in a nearby organ. Then, some or all of that organ may need to go, as well as the bowel and the fistula, to get a cure. Some fistulas are very complicated and need more than one operation for a cure. In fact, because no two fistulas are the same, it is a good idea for your surgeon to make a sketch of your own fistula. He can then explain which operation(s) will be best for you.

What does the operation consist of?

A cut about 10 inches long (25cm) is made in the tummy at the best place to tackle your fistula. The exact site depends on the type of fistula, other scans etc. The diseased bowel, plus the fistula and any other diseased organs are taken out. The remaining ends of bowel are joined up and the wound is closed. Sometimes an earlier colostomy or ileostomy can be closed off at the same time but usually this is left to a later date. Sometimes, in fact, it is safer to make a colostomy or ileostomy when the fistula is taken out, to protect the joined up bowel for a month or two. This is later closed off.

WHAT HAPPENS BEFORE THE OPERATION?

Reception

When registering at reception your medical aid details will be required. If you are not on a member of a medical aid you will be required to pay a deposit or to sign an indemnity form. As far as possible we will try to advise you about hospital costs before your admission.

Welcome to the ward

You will be welcomed to the ward by the nurses or the receptionist and will have your details checked. Some basic tests will be done such as pulse, temperature, blood pressure and urine examination. You will be asked to hand in any medicines or drugs you may be taking, so that your drug treatment in hospital will be correct. Please tell the nurses of any allergies to drugs or dressings. The surgeon will have explained the operation and you will be asked to sign your consent for the operation. If you are not clear about any part of the operation, then read this again and then ask for more details from the surgeon or from the nurses.

Driving

You can drive as soon as you can make an emergency stop without discomfort in the wound, i.e. after about 3 to 4 weeks.

What about sex?

You can restart sexual activities within 3 to 4 weeks, when the wound is comfortable enough.

Work.

You should be able to return to light work within 6 weeks and a heavy job within 8 to 10 weeks.

Complications.

Complications are relatively unusual and are rapidly recognised and dealt with by the medical and nursing staff. If you think that all is not well, please ask the nurses or doctors. Bruising and swelling may be troublesome. The swelling may take 4 to 6 weeks to settle down.
Infection may be a problem as the bowel has been opened and stiched up with allows germs to enter the wound. We try to prevent this with antibiotics during the operation. Rarely a leak may develop at the site of the join. This usually settles down. Very rarely an abscess may develop. Sometimes there is some discharge from the drain in the wound. This stops given time. Aches and twinges may be felt in the wound for up to 6 months. Occasionally there are numb patches in the skin around the wound which get better after 2 to 3 months.

Chest infections may arise, particularly in smokers. Co-operation with the physiotherapists to clear the air passages is important in preventing the condition. Do not smoke.

General advice.

The operation should not be underestimated but practically all patients are back at their normal activities within 6 weeks. If you have any problems or queries, please ask the nurses or doctors.
few days. There may be some purple bruising around the wound which spreads downward by gravity and fades to a yellow colour after 2 to 3 days. It is not important. There may be some swelling of the surrounding skin which also improves in 2 to 3 days. After 7 to 10 days, slight crusts on the wound will fall off. Occasionally minor matchhead sized blebs form on the wound line but these settle down after discharging a blob of yellow fluid for a day or so.

Washing.

You can wash the wound area as soon as the dressing has been removed or earlier with a waterproof dressing. Soap and tap water are entirely adequate. Salted water is not necessary.

How long in hospital?

Usually you will feel fit enough to leave hospital after 10 to 14 days.You will be given an appointment for a check up about a 1 to 2 weeks after your operation.

Sick notes.

Please ask your surgeon for any sick notes or certificates that you may require.

After you leave hospital.

You are likely to feel a bit tired and need rests 2 or 3 times a day for two weeks or more. You should be able to return to your normal activities within 4 to 6 weeks.

Lifting.

At first discomfort in the wound will prevent you from harming yourself by too heavy lifting. After two months you can lift whatever you like. There is no value in attempting to speed the recovery of the wound by special exercises before the month is out.

Visit by the anaesthetist.

If you are having a general anaesthetic, the anaesthetist who will be giving your anaesthetic will interview and examine you. He will be especially interested in chest troubles, dental treatment and any previous anaesthetics you have had.

Bowel preparation

It is important that the bowel is as clean as possible before the operation. You will have your usual diet until the day before the operation. Then you will take only clear fluids until 8 hours before the operation. On the evening before the operation you will have to drink a quantity of fluid laxative which will completely cleanse the inside of the bowel. This is important in order for the bowel to be empty and clean and therefore safe for the operation. If you have a colostomy or ileostomy, or if you may end with one for a time, our specially trained Stoma sister will come and see you. She will mark on your skin the place that suits you best for any new colostomy or ileostomy.

Shaving.

The operation area will be shaved to remove excess hair.

Timing of the operation.

The timing of your operation is usually arranged the day before so that the nurses will tell you when to expect to go to the operating theatre. Do not be surprised, however, if there are changes to the exact timing.

Transfer to theatre.

You will be taken on a trolley to the operating suite by the staff. You will be wearing a cotton gown, wedding rings will be fastened with tape and removable dentures will be left on the ward. There will be several checks on your details on the way to the operating theatre where your anaesthetic

will begin.

The operation is then performed.

WHAT HAPPENS AFTER THE OPERATION.

Coming round after the anaesthetic.

Although you will be conscious a minute or two after the operation ends, you are unlikely to remember anything until you are back on your bed in the ward. Some patients feel a bit sick for up to 24 hours after operation, but this passes off. You will be given some treatment for sickness if necessary. You may be given oxygen from a face mask for a few hours if you have had chest problems in the past. You will be given salt solutions or blood down a plastic tube into an arm vein until you are drinking normally. You may have a fine plastic tube down the back of your nose to drain your stomach for a day or two.
Occasionally a tube (catheter) is put into your bladder to drain urine until you are more mobile.

Will it hurt?

The wound is painful and there is discomfort on moving rather than severe pain. You will be given injections or tablets to control this as required. Ask for more if the pain is still unpleasant. You will be expected to get out of bed a day or two after the operation despite the discomfort. You will not do the wound any harm and the exercise is very helpful for you. The third day after operation you should be able to spend most of your time out of bed and in reasonable comfort. You should be able to walk slowly along the corridor. By the end of one week the wound should be virtually painfree.

Drinking and eating.

The operation causes the bowel to stop working for a day or two. Until the bowel starts up again you will be given water, salts and sugar solutions into your arm vein. The tube in your nose will be used to draw off any build-up of stomach juices. The first signs of returning bowel activity are noises in your tummy and passing wind out of your back passage. Once these have happened you will be able to start drinking - a little at a time. When you are able to drink freely the arm drip tubing is removed. You should be on a full diet within a week.

Opening bowels

It is quite normal for the bowels not to open for a day or so after operation. Sometimes the motion is runny at first. This nearly always clears up. Ask the doctor if it is troublesome.

Passing urine

If there is a drainage tube (catheter) in the bladder, passing urine is not a problem. Sometimes there is a feeling that there is a leakage all the time but this is just an irritation by the tubing and it passes off. Once you can walk about in reasonable comfort the catheter is taken out.
If you have not had a catheter it is important that you pass urine and empty your bladder within 6-12 hours of the operation. If you find using a bed pan or a bottle difficult, the nurses will assist you on to a commode or the toilet. If you still cannot pass urine let the nurses know and steps will be taken to correct the problem. If you have had a catheter in the bladder, you must pass urine after the catheter is taken out. If you cannot, ask the nurses for advice.

Sleeping.

You will be offered painkillers rather than sleeping pills to help you to sleep. If you cannot sleep despite the painkillers please let the nurses know.

Physiotherapy

The physiotherapist will check that you are clearing your lungs of phlegm by coughing and that you are helping your circulation by movement of your arms and legs. Coughing, although uncomfortable, will not harm your wound.

The wound.

The wound has a dressing which may show some staining with blood in the first 24 hours. The wound is held together by stitches which are removed after 8-10 days. The dressing is usually removed after 1-3 days and

replaced. This dressing is usually waterproof allowing you to shower. Sometimes a plastic drain is used to drain excessive secretions from the wound or abdominal cavity. It may be slightly uncomfortable but is removed after a