What are the potential complications?

In any surgery, there are risks but fortunately, life-threatening complications are rare. There will be general complications that can result from undergoing any surgical procedure, which your surgeon will discuss with you before your operation. There are also those that are specific to the reversal of the stoma and include ileus, bowel obstruction, anastomotic leak and the need for a temporary ileostomy.

Ileus
When the bowel temporarily stops working usually due to the surgeon handling the bowel. If this occurs the bowel will need to be rested until bowel function returns.

Bowel obstruction
If there is a physical blockage or problem with adhesions (scar tissue) causing a blockage further surgery may be required. This is rare immediately after surgery.

Anastomotic Leak
This happens when the join in the bowel breaks down. This may require further surgery to repair the area of anastomotic leakage.

Temporary Ileostomy
If there is concern about the anastomosis (joining of the bowel) at the time of the surgery, a temporary ileostomy may be formed to enable healing. At a later date, a relatively smaller operation will be performed to reverse the temporary ileostomy.

Deciding to have surgery

Many people successfully have their colostomy reversed following a Hartmann’s procedure. Everybody is different and it is important that you feel fully informed of the implications of reversal surgery for you. Understanding your initial operation and discussing your individual situation with your consultant and/or stoma care nurse will enable you to make an informed decision.

Further information please contact:
Stoma Care Department
01273 696955 Ext 4215
What is a Hartmann’s Procedure?
The Hartmann’s procedure is an operation where the surgeon removes part of the recto-sigmoid colon and the person undergoing the operation will have a colostomy formed (see diagram below). It is usually carried out as an emergency to remove the diseased part of the bowel which is causing a blockage or has a hole through the bowel wall. Sometimes the Hartmann’s procedure is conducted during planned surgery. The colostomy formed can be temporary or permanent. This leaflet focuses on some of the factors that need to be considered with regards to reversal of the Hartmann’s procedure.

Why would I have had a Hartmann’s Procedure?
The most common reasons for this type of operation are:
- Diverticular disease; this can cause a perforation or fistula of the bowel (a diverticular fistula is when the bowel has connected to the bladder or the vagina).
- An obstructive cancer in the recto-sigmoid region of the bowel.

What do I need to consider before I have the Hartmann’s Procedure reversed?
When you attend your outpatients appointment with your consultant, they will usually discuss with you the option of reversal surgery. The following factors are considered:

Fitness for surgery
Both you and your doctor must be happy that you are fit enough for the operation.

Surgical procedure
Prior to offering reversal of a Hartmann’s procedure the consultant will need to ensure that it is possible to reverse the colostomy. This will include assessing how much rectum is remaining and the presence of scar tissue. A short rectal remnant (see diagram) can lead to bowel management problems post surgery and both a short rectal remnant and scar tissue can cause problems with rejoining the bowel together.

Management problems can include increased frequency of passing stool, feeling of urgency or difficulty in evacuation. For most people these symptoms will settle with time but some may need medication and diet advice to manage their bowels post reversal.

What does the reversal of Hartmann’s Procedure involve?
The surgical procedure involves joining the part of the bowel from which the colostomy is formed and the rectal remnant together. This can be carried out by open or laparoscopic (keyhole) surgery.

Open surgery involves the surgeon cutting down the middle of the abdomen, usually re-entering through the abdominal scar formed at the time of the initial operation.

Laparoscopic surgery involves minimal abdominal scarring and generally a quicker recovery. The method used will depend upon your individual case, please discuss this with your surgeon to identify which is the best option for you and your situation.