

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

If you do not understand this leaflet, we can arrange for an interpreter.

إذا كنت لا تستطيع فهم محتويات هذه النشرة فيمكننا عمل الترتيبات لتوفير مترجم شفوي لك.

এই প্রচারপত্রিকাটি যদি আপনি বুঝতে না পারেন, তবে আপনার জন্য আমরা একজন অনুবাদকের ব্যবস্থা করে দিতে পারি

如你唔明白本單張的內容，我們可安排口譯員服務。

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اگر مندرجات این جزوه را نمیفهمید، ما می‌توانیم مترجم در اختیارتان بگذاریم.

Jeśli masz trudności w zrozumieniu tej ulotki, możemy zorganizować tłumacza.

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Disclaimer

The information in this leaflet is for guidance purposes only and is in no way intended to replace professional clinical advice by a qualified practitioner.

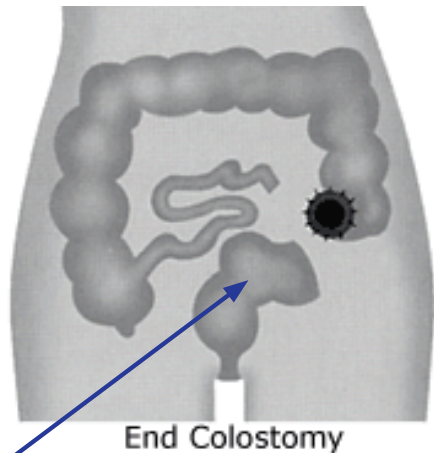
Ref number: 307 Publication Date: December 2010
Review Date: December 2012



Reversal of Hartmann's Procedure

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.



Rectal remnant

Illustration taken from <http://www.ncnm.ie/iscna/images/End-Colostomy.gif>

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.