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Colostomy [1]

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A colostomy is a surgery that makes a temporary or permanent opening called a stoma. A stoma is a pathway from the large intestine to the outside of your abdomen. This helps solid waste and gas exit the body without passing through the rectum. The waste is collected in a pouch worn on the outside of your body.

About the large intestine

The large intestine, or large bowel, is made up of the colon and rectum. It is connected to the small intestine, also called the small bowel.

The small intestine digests nutrients and absorbs them into blood vessels. Such nutrients include proteins, fats, and carbohydrates.

Remaining food that cannot be digested moves from the small intestine to the colon. The colon absorbs water from the waste and stores the waste until the next bowel movement.

Why you may need a colostomy

People with certain types of cancer, such as colorectal cancer, may need a colostomy. You may need a colostomy if:

- The large intestine is blocked or damaged

- A part of the large intestine is surgically removed
- A ruptured colon causes an abdominal infection

Most people only need a cancer-related colostomy for a short period of time. It allows the colon or rectum to heal. Usually, this takes several months. However, some people may need a permanent colostomy.

Types of colostomy

There are several types of colostomies. Each is named for the section of the colon in which it is needed.

- **Sigmoid colostomy.** This is the most common type. It is located in the sigmoid colon, the bottom portion of the large intestine. The sigmoid colon moves waste to the rectum. Sigmoid colostomies produce stool that is more solid and regular than other colostomies.
- **Transverse colostomy.** A transverse colostomy is located in the transverse colon. This portion of the colon crosses the top of the abdomen. Transverse stool is usually soft because only a small portion of the colon has absorbed water from the indigestible material. There are three versions of this common type of colostomy:
 - A loop colostomy. This colostomy creates one stoma through which stool exits. In this type, the colon remains connected to the rectum. As a result, patients will sometimes pass stool or gas through the rectum.
 - A single-barrel colostomy. This surgery removes the colon—including the rectum and anal opening—below the colostomy. This type of colostomy is permanent.
 - A double-barrel colostomy. This divides the colon into two ends that form separate stomas. Stool exits from one of the stomas. Mucus made by the colon exits from the other. This type of transverse colostomy is not as common as the other types.
- **Descending colostomy.** A descending colostomy is located in the descending colon. The descending colon takes waste down the left side of the abdomen. The stool there is usually firm because it has moved through the functioning parts of the colon.

- **Ascending colostomy.** An ascending colostomy is located in the ascending colon. The ascending colon extends from the beginning of the large intestine to the right side of the abdomen.

In this procedure, only part of the colon remains functional. As a result, little water is absorbed from the waste. This means the discharge is usually liquid.

An ascending colostomy is rare. An **ileostomy** is more appropriate for the ascending colon. An ileostomy is a procedure in which the small intestine is connected to the abdominal wall. An external pouch collects the waste.

What to expect from surgery

The surgery may be done through a large cut, called a surgical incision, in the abdomen. Or, it may be done through small incisions. This is called laparoscopic surgery. Laparoscopic surgery is less invasive, which reduces pain and recovery time. With both types of surgery, patients receive general [anesthesia](#) [3].

During the procedure, the surgeon attaches one end of the colon to a stoma in a place where you can see and care for it. Then, the surgeon attaches the colostomy bag to the stoma.

Surgery may include the following risks:

- Bleeding inside the colon
- Damage to nearby organs
- Infection
- Bleeding from the stoma

Recovering from surgery

Complete recovery from a colostomy may take up to 2 months. Most patients stay in the hospital for up to 1 week after the procedure.

During this time, you will have limits on what you can eat while the colon heals.

If the colostomy is temporary, you may need a reversal surgery after the colon has healed. This surgery usually takes place about 12 weeks later.

Colostomy care

Once you have recovered from surgery, you will need to empty the colostomy bag several times per day. You will not be able to control when stool and gas move into the pouch. Amounts of stool and gas deposited into the pouch will vary based on the type of colostomy you received and your diet. It is best to empty it when the bag is less than half full.

Ask your doctor or nurse about which type of colostomy pouch you will receive. Options include open-end or drainable and closed-end or disposable pouches. Some pouches have a filter that deodorizes and vents gas. This prevents the bag from becoming too stretched, coming off of the abdomen, or bursting. Your doctor or nurse can provide information on food choices to help reduce gas.

The skin surrounding the stoma is called peristomal skin. It is important to keep this area clean to avoid infection. The stoma will always appear red and may bleed occasionally, which is normal. However, bleeding should not continue for long.

Living with a colostomy

A colostomy will bring some changes to your life. However, colostomy products are designed to be as convenient as possible.

You should be able to wear the same type of clothes you wore before the colostomy. Pouches are designed to blend in, fitting close to the body. Products also have odor-barrier film that traps bad odor. The odor only releases when the colostomy pouch is being emptied.

Additionally, you should be able to perform the activities of your daily life. People with colostomies go to work, play sports, and engage in sexual activity. Reasonable activity will not hurt you or your stoma.

Still, some people may feel depressed or embarrassed because of the colostomy. Consider finding a [support group](#) [4] of people with colostomies. These relationships may help answer your questions and provide emotional support. Also consider [counseling](#) [5] if you are struggling to [cope with changes to your body](#) [6].

More Information

[Understanding Cancer Surgery](#) [7]

[Blocked Intestine or Gastrointestinal Obstruction](#) [8]

Additional Resource

MedlinePlus: [Colostomy](#) [9]

Links

- [1] <http://www.cancer.net/navigating-cancer-care/how-cancer-treated/surgery/colostomy>
- [2] <http://www.cancer.net/about-us>
- [3] <http://www.cancer.net/node/24375>
- [4] <http://www.cancer.net/node/25383>
- [5] <http://www.cancer.net/node/24699>
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- [9] <https://www.nlm.nih.gov/medlineplus/ency/article/002942.htm>