

Emergency General Surgery Ostomy Reversal Pathway

Outpatient Management: Colostomy

1. First postoperative visit 7-14 days postoperatively OR two weeks after discharge if hospitalized on postoperative day #14
2. Second postoperative visit 2 months postoperatively (telehealth if eligible)
3. Pre-Reversal Workup
 - If age > 44 and no recent colonoscopy
 - Order colonoscopy
 - Barium enema if indicated on checklist
 - If age < 44 or recent colonoscopy:
 - Barium enema if indicated on discharge checklist
 - If family history of colon cancer, consider screening colonoscopy prior to reversal
 - If known or possible sphincter injury, will need in person appointment with rectal examination
 - Anal manometry ordered at faculty discretion
 - If manometry abnormal, refer to colorectal surgery
 - Schedule date of surgery
4. Preoperative Orders
 - Antibiotic Bowel Preparation
 - Neomycin 1g TID day prior to surgery (2:00 PM, 4:00 PM, 10:00 PM)
 - Erythromycin 1g TID is reasonable substitute if neomycin unavailable
 - Metronidazole 500 mg TID day prior to surgery (2:00 PM, 4:00 PM, 10:00 PM)
 - Mechanical Bowel Preparation
 - Magnesium citrate 1-2 bottles **OR**
 - Miralax (polyethylene glycol) 256 g
 - Chlorhexidine Wipes to be used the day before surgery
 - NPO 6 hours prior to procedure with electrolyte/sports drink immediately prior to NPO
 - Anesthesia: Perioperative Consultation Service consultation for adjunctive analgesia

Outpatient Management: Ileostomy

1. First postoperative visit 7-14 days postoperatively OR 2 weeks after discharge if still hospitalized on postoperative day #14
2. Second postoperative visit 2 months postoperatively (telehealth if eligible)
3. Pre-Reversal Workup
 - If age > 44 and no recent colonoscopy
 - Order colonoscopy
 - Barium Enema if indicated on discharge checklist
 - If age < 44 or recent colonoscopy:
 - Barium enema if indicated on discharge checklist

- If family history of colon cancer, consider screening colonoscopy prior to reversal
 - Patients with sphincter injury will need in person appointment with rectal examination
 - Anal manometry ordered at faculty discretion
 - If manometry abnormal, refer to colorectal surgery
 - Schedule date of surgery
4. Preoperative Orders
- No need for bowel preparation
 - Chlorhexidine wipes to be used the day before surgery
 - NPO 6 hours prior to procedure with Gatorade immediately prior to NPO
 - Anesthesia: Perioperative Consultation Service consultation for adjunctive analgesia

Preoperative Risk Optimization

1. Glycemic Control: If history of diabetes, measure Hemoglobin A1c and consider deferring elective surgery if > 7%. Refer to PMD or endocrinology if medication adjustment/long term management needed.
2. Smoking/Nicotine cessation. Consider Referral to Tobacco Quit Line if patient amenable to these.
3. Anesthesia Referral
 - a. VPEC (phone call or in person) for patients at low perioperative risk
 - b. Hi-Rise for patients at elevated perioperative risk

Discharge Checklist to be Completed by Operating Surgeon:

- Estimated Time to Reversal = _____
 - a) Unless otherwise specified, assumption is 4 months prior to colostomy reversal
 - b) If patient is NOT a candidate for reversal, discussion needs to be held with patient/family by surgeon
- Time to first post-operative visit = _____
 - a) Unless otherwise specified, 7-14 days
- Time to second post-operative visit = _____
 - a) Unless otherwise specified, 60 days
- Workup to be done prior to second post-operative visit = _____
 - a) Patients < 44 do not need a colonoscopy unless significant personal/family history of colon cancer. If family history of colon cancer, should have colonoscopy 10 years prior to youngest family member's age at diagnosis.
 - b) Caution against routine barium enema for Hartman's performed at VUMC
 - c) All patients with DLI should have evaluation of their anastomosis prior to reversal (preference is barium enema)
- Does patient need to see HI-RISE or VPEC in person = YES/NO
- Barriers to reversal that require outpatient management
 - a) Smoking
 - b) Obesity
 - c) Diabetes
 - d) Wound Healing