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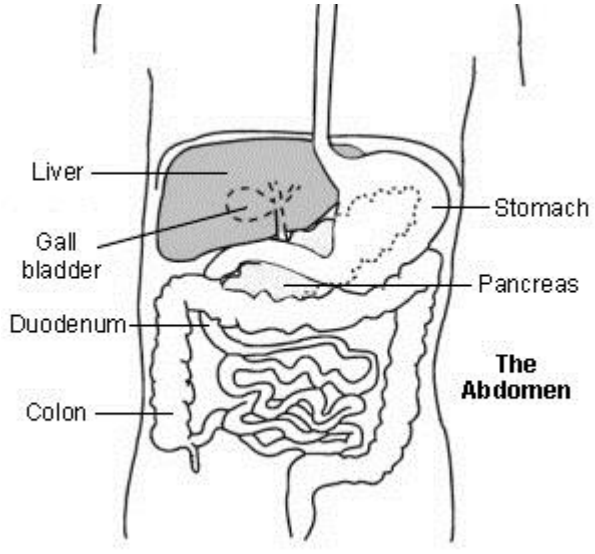
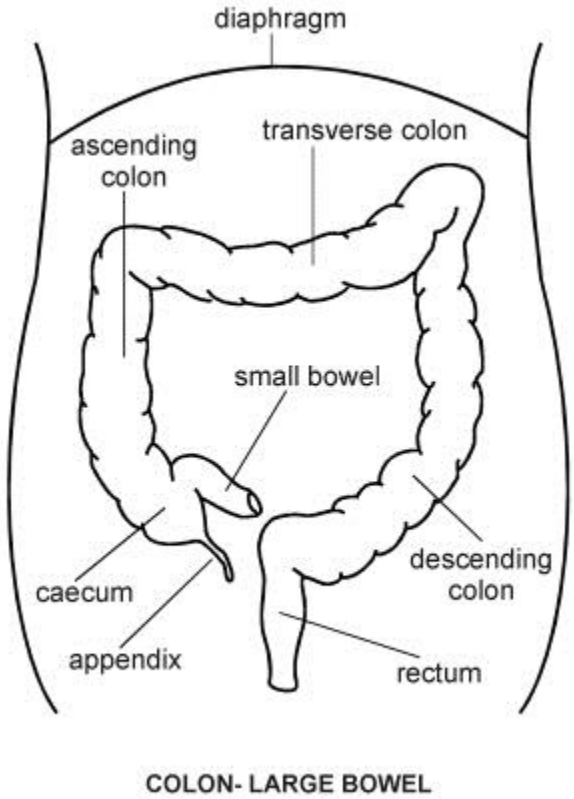
Hemi-Colectomy - Left

What is it?

The bowel is a tube of intestine which runs from the stomach to the back passage. The lower half of the bowel is called the colon. The colon runs from the right side of the waistline, up to the right ribs, loops across the upper part of the belly and passes down the left side. There it runs backwards into the pelvis (the lower part of your abdomen) as the back passage, where it is called the rectum. In your case, the problem lies in the left side of the colon or upper rectum. The left side of the colon is taken out, and the ends are joined up (anastomosed) whenever possible.





The Operation

You will have a general anaesthetic, and will be asleep for the whole

operation. A cut is made in the skin in the middle lower part of your abdomen about 40cm (15 inches) long. The left side of the colon loop and the upper rectum are freed from the inside of the tummy. The diseased part is cut out and usually the ends are joined together. Sometimes it is safer if the ends are not joined together. Then the bowel waste is channelled through the bowel which opens in the front of your tummy (a colostomy), and you need to wear a bag. Usually the ends are joined up at a later date. Sometimes the ends are joined up at the first operation, but a short-term colostomy is made as well. This keeps the bowel waste away from the join while it is healing up. You should plan to leave the hospital two weeks or so after the operation. Very rarely, if the problem area is in the lower part of the rectum it may be necessary to remove the back passage as well. You will be warned about this before the operation.

Any Alternatives

Simply waiting and seeing is not a good plan. The trouble you are having with the bowel will simply get worse and may well lead to very serious problems. Tablets and medicines will not be helpful, neither will X-ray and laser treatment.

Before the operation

Stop smoking and get your weight down if you are overweight. If you know that you have problems with your blood pressure, your heart, or your lungs, ask your family doctor to check that these are under control. Check the hospital's advice about taking the Pill or hormone replacement therapy (HRT). Check you have a relative or friend who can come with you to the hospital, take you home, and look after you for the first week after the operation. Bring all your tablets and medicines with you to the hospital. On the ward, you may be checked for past illnesses and may have special tests to make sure that you are well prepared and that you can have the operation as safely as possible.. You will be asked to fill in an operation consent form. Many hospitals now run special preadmission clinics, where you visit for an hour or two, a few weeks or so before the operation for these checks.

After - In Hospital

You may have a fine plastic tube coming out of your nose and connected to another plastic bag to drain your stomach. Swallowing may be a little uncomfortable. You will have a dressing on your wound and a drainage tube nearby, connected to another plastic bag. This drains any residual blood from the area of the operation. You may have a colostomy. The wound is painful and you will be given injections and, later, tablets to control this. Ask for more if the pain is not controlled or gets worse. You will most likely be able to get out of bed with the help of the nurse the day after operation despite some discomfort. You will not do the wound any harm, and the exercise is very helpful for you. The second day after operation you should be able to spend an hour or two out of bed. By the end of four days you should have little pain. A general anaesthetic will make you slow, clumsy and forgetful for about 24 hours. The nurses will help you with everything you need until you are able to do things for yourself. Do not make important decisions during this time.

You will probably have a fine drainage tube in the penis or front passage to drain the urine from the bladder until you are able to get out of bed easily. You should be eating and drinking normally after about four to six days. The wound will have a dressing which may show some staining with old blood in the first 24 hours. There may be stitches or clips in the skin. Sometimes seven or eight stitches are put across the wound to add strength. Stitches and clips are removed after about 7 to 10 days. The drain tube is removed after about four days. You can shower or bath but try keep the wound area dry until the stitches are out. If you have a colostomy, special nurses will show you how to manage it. You will be given an appointment to visit the outpatient department for a check-up about one month after you leave the hospital. You will know the results of the examination of the bowel by then. The nurses will advise about sick notes, certificates etc.

After - At Home

You are likely to feel very tired and need to rest two or three times a day for a month or more. You will gradually improve so that by the time three months have passed you will be able to return completely to your usual level of activity. You can drive as soon as you can make an emergency stop without discomfort in the wound, i.e. after about three weeks. You can restart sexual relations within two or three 3 weeks when the wound is comfortable enough. Sometimes the operation will upset the nerves which control sex in the male. This is more frequent (some studies show in up to 50% of cases) if during the operation the surgeon believes that your back passage (rectum) has to be removed. The surgeon can discuss this with you. You should be able to return to a light job after about six weeks and any heavy job within 12 weeks.

Possible Complications

As with any operation under general anaesthetic, there is a very small risk of complications related to your heart and lungs. The tests that you will have before the operation will make sure that you can have the operation in the safest possible way and will bring the risk for such complications very close to zero.

Complications are unusual but are rapidly recognised and dealt with by the surgical staff. If you think that all is not well, let the doctors or the nurses know. Chest infections may arise, particularly in smokers. Getting out of bed as quickly as possible, being as mobile as possible and co-operating with the physiotherapists to clear the air passages is important in preventing the condition. Do not smoke. Occasionally the bowel is slow to start working again. This requires patience. Your food and water intake will continue through your vein tubing until you pass wind or open your bowels. Sometimes there is some discharge from the drain by the wound. This stops given time. Wound infection is sometimes seen. This happens relatively more frequently in any bowel operation compared to other 'clean' operations such as taking out your gallbladder and the reason is that the bowel has many bugs that can cause an infection. The infection settles down with antibiotics in a week or two.

Very rarely, during the operation, another part of your bowel, your bladder or a blood vessel can be damaged and this may require another operation to deal with the problem.
One potential major complication is a leak from the area where the two parts of your bowel were put back together. The chance of a leak is up to 15% and is more frequent in patients whose wounds may take longer to heal, such as elderly people, diabetics and patients suffering from cancer. If a leak happens you will stop eating and drinking for several days until the bowel heals completely. In the meantime you will be given all the food and water you need via a catheter in one of your veins. This fixes the problem frequently but sometimes another operation is needed to control the leak.

Aches and twinges may be felt in the wound for up to six months. Occasionally there are numb patches in the skin around the wound which get better after two to three months. If you have a colostomy, you will be given help and advice from the stoma nurses.

General Advice
The operation is a major one, but is routine for most hospitals. Some patients are surprised how slowly they regain their normal stamina - but virtually all patients are back doing their normal duties within three months. We hope these notes will help you through your operation. They are a general guide. They do not cover everything. Also, all hospitals and surgeons vary a little. If you have any queries or problems, please ask the doctors or nurses.

NB!!! IF THE WARD DID NOT BOOK A FOLLOW-UP APPOINTMENT, PLEASE CALL THE ROOMS TO DO SO.