

DR WP DE BEER

MBChB [UFS] M MED [SURG] CUM LAUDE

GENERAL SURGEON/ALGEMENE CHIRURG

SUITE 304
LINKSFIELD PARK CLINIC
24 12TH AVENUE
LINKSFIELD WEST
JOHANNESBURG

PHONE
011-4854741 [ROOMS]
011-2526322 [FAX]
e-mail: wpdebeer@tiscali.co.za
PRACTICE NO: 0082295

Large bowel resection

Definition

Large bowel resection is surgery to remove all or part of your large bowel. This surgery is also called colectomy. Removal of the entire colon and rectum is called a proctocolectomy. The large bowel is also called the large intestine or colon.

The large bowel connects the small intestine to the anus. Normally, stool passes through the large bowel before leaving the body through the anus.

Alternative Names

Ascending colectomy; Descending colectomy; Transverse colectomy; Right hemicolectomy; Left hemicolectomy; Hand assisted bowel surgery; Low anterior resection; Sigmoid colectomy; Subtotal colectomy; Proctocolectomy; Colon resection; Laparoscopic colectomy; Colectomy - partial; Abdominal perineal resection

Description

You will receive general anesthesia right before your surgery. This will make you unconscious and unable to feel pain. You will have either laparoscopic or open surgery.

Depending on what type you have, your surgeon will make 1 or more incisions (cuts) in your belly.

In a laparoscopic colectomy, the surgeon uses a camera to see inside your belly and small instruments to remove the part of your large bowel. You will have 3 to 5 small cuts in your lower belly. The surgeon passes the medical instruments through these cuts.

- You may also have a cut of about 2 to 3 inches if your surgeon needs to put a hand inside your belly.*
- Your belly will be filled with gas to expand it. This makes the area easier to see and work in.*
- Your surgeon will remove the diseased part of your large bowel.*
- The surgeon will then sew the healthy ends of the bowel back together. This is called anastomosis of bowel.*
- Then your cuts will be closed with stitches.*

For open colectomy, your surgeon will make 6-inch cut in your lower belly.

- *The surgeon will find the part of your colon that is diseased.*
- *The surgeon will put clamps on both ends of this part to close it off.*
- *Then the surgeon will remove the diseased part.*
- *If there is enough healthy large intestine left, your surgeon will sew or staple the healthy ends back together. Most patients have this done.*
- *If you do not have enough healthy large intestine to reconnect, your surgeon will make an opening called a stoma through the skin of your belly. Your large intestine will be attached to the outer wall of your belly. Stool will go through the stoma into a drainage bag outside your body. This is called a colostomy.*

In most cases, the colostomy is short-term. It can be closed with another operation later. But, if a large part of your bowel is removed, the colostomy may be permanent.

Your surgeon may also look at lymph nodes and other organs, and may remove some of them.

Colectomy surgery usually takes between 1 and 4 hours.

Why the Procedure Is Performed

Large bowel resection is used to treat a many conditions. Some of these are:

- *Colon cancer*
- *Diverticular disease (disease of the large bowel)*
- *A block in the intestine due to scar tissue*

Other reasons to perform bowel resection are:

- *Ulcerative colitis*
- *Injuries that damage the large bowel*
- *Precancerous polyps (nodes)*
- *Familial polyposis*

Risks

Talk with your doctor about these possible risks and complications.

Risks for any anesthesia are:

- *Reactions to medicines*
- *Breathing problems*

Risks for any surgery are:

- *Blood clots in the legs that may travel to the lungs*
- *Breathing problems*
- *Heart attack or stroke*
- *Infection, including in the lungs, urinary tract, and belly*

Risks for this surgery are:

- *Damage to nearby organs in the body*
- *Wound infections*
- *Wound breaks open*
- *Bleeding inside your belly*
- *Bulging tissue through the incision, called an incisional hernia*
- *The edges of your intestines that are sewn together may come open. This may be life-threatening.*
- *Scar tissue may form in your belly and cause blockage of your intestines.*
- *Problems with the colostomy.*

Before the Procedure

Always tell your doctor or nurse what drugs you are taking, even drugs, supplements, or herbs you bought without a prescription.

Talk with your doctor or nurse about these things before you have surgery:

- *Intimacy and sexuality*
- *Sports*
- *Work*
- *Pregnancy*

During the 2 weeks before your surgery:

- *Two weeks before surgery you may be asked to stop taking drugs that make it harder for your blood to clot. These include aspirin, ibuprofen (Advil, Motrin), Naprosyn (Aleve, Naproxen), and others.*
- *Ask your doctor which drugs you should still take on the day of your surgery.*
- *If you smoke, try to stop. Ask your doctor for help.*
- *Always let your doctor know about any cold, flu, fever, herpes breakout, or other illness you may have before your surgery.*
- *Eat high fiber foods and drink 6 to 8 glasses of water every day.*

The day before your surgery:

- *Eat a light breakfast and lunch.*
- *You may be asked to drink only clear liquids such as broth, clear juice, and water after noontime.*
- *Do NOT drink anything after midnight, including water. Sometimes you will not be able to drink anything for up to 12 hours before surgery.*
- *Your doctor or nurse may ask you to use enemas or laxatives to clear out your intestines. They will give you instructions for this.*

On the day of your surgery:

- *Take your drugs your doctor told you to take with a small sip of water.*
- *Your doctor or nurse will tell you when to arrive at the hospital.*

After the Procedure

You will be in the hospital for 3 to 7 days. You may have to stay longer if your colectomy was an emergency operation.

You may also need to stay longer if a large amount of your small intestine was removed or you if develop any complications. By the second day, you will probably be able to drink clear liquids. Your doctor or nurse will slowly add thicker fluids and then soft foods as your bowel begins to work again.

Outlook (Prognosis)

Most people who have a large bowel resection recover fully. Even with a colostomy, most people are able to do most activities they were doing before their surgery. This includes most sports, travel, gardening, hiking, and other outdoor activities, and most types of work.

If you have a long-term (chronic) condition, such as cancer, Crohn's disease, or ulcerative colitis, you may need ongoing medical treatment.

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