

Colorectal Surgery

Correcting your problem with surgery

Many problems can be treated with colon surgery. There are two methods of performing this surgery.

- **Laparoscopic surgery** - Several smaller incisions are made in the abdomen and the organs are viewed through the laparoscope.
- **Open surgery** - An incision is made in the abdomen large enough for the surgeon to view the organs.

Understanding Laparoscopy

Laparoscopy is a minimally invasive surgery. The incisions are as small as possible and may be only an inch long. A laparoscope is inserted through one of the incisions. The laparoscope has a small video camera and a light. This enables the surgeon to have a clear view of the inside of the abdomen. Surgical tools are inserted through the other small incisions to perform the surgery.

Can I have laparoscopic colon surgery?

Most people can have laparoscopic surgery but factors such as prior surgeries and medical conditions can affect the decision. You will need to discuss with your surgeon which method is best for you.

Laparoscopic surgery may need to be converted to open surgery if a problem is detected that can't be repaired using the laparoscope.

Colorectal problems treated with laparoscopic surgery

Polyps and Cancer

Smaller polyps can be removed during a colonoscopy. Some polyps may be too large to remove with the endoscope or the polyps that were removed may have been cancerous. In this case it may be necessary to surgically remove a section of colon.

Diverticular Disease

Diverticulitis occurs when pouches formed in the walls of the colon become infected. Diverticulitis can occur suddenly (acute) or come back again and again (recurrent). Diverticulitis can sometimes be treated with medications. In some cases, the best treatment is to remove the portion of the colon that is involved.

Inflammatory Bowel Disease (IBD)

IBD can cause the colon to become inflamed (red and swollen). Removing the affected sections of colon may help to relieve the symptoms. Types of IBS include:

- **Crohn's disease.** Inflammation can affect different parts of the small and large intestine and other areas remain healthy.
- **Ulcerative colitis.** Inflammation can affect a part of the colon or all of the colon.

Other conditions that may require laparoscopic surgery are:

- Rectal prolapse
- Volvulus
- Severe chronic constipation
- Problems that require temporary fecal diversion

Types of Colorectal Surgery

Part or all of the colon can be removed without causing serious problems. After the section of bowel is removed, the two ends of bowel are reconnected which is called an **anastomosis**.

- **Right Hemicolectomy**
Part or all of the ascending (right side) colon is removed. The remaining colon is then reconnected to the small intestine.
- **Left Hemicolectomy**
Part or all of the descending (left side) colon is removed. The remaining colon is then reconnected to what remains of the rectum.
- **Sigmoid Colectomy (Sigmoidectomy)**
Part or all of the sigmoid colon is removed. The descending colon is then reconnected to the rectum.
- **Low Anterior Resection**
The sigmoid colon and part of the rectum are removed. The descending colon is then reconnected to what remains of the rectum.
- **Abdominal Perineal Resection**
Part or all of the sigmoid colon, rectum, and anus is removed. The descending colon is then diverted to a new opening on the abdomen (stoma).
- **Segmental Resection**
One or more short segments of the colon are removed. The remaining ends of the colon are reconnected.
- **Total Colectomy**
The entire colon is removed. The small intestine is reconnected to the rectum.

What is a stoma?

In some surgeries the intestine is used to make an opening on the abdomen, called a stoma. This creates a new path for waste to leave the body. A stoma from the colon is called a **colostomy**. A stoma from the small intestine is called an **ileostomy**.

- **Temporary Stoma** - A temporary stoma is created to allow waste to be diverted for a time. The rectum and anus can remain intact. A surgery will be done later to reconnect the colon to the rectum and close the stoma site.
- **Permanent Stoma** – A permanent stoma is created if the rectum and anus must be removed.

Preparing for surgery

A few weeks before surgery

Before you have surgery you will need to see your medical doctor for a physical to assure you are able to have surgery. This will include a heart and lung check and possibly lab work, a chest x-ray, and an EKG.

Talk to your doctor about your medications and whether you should stop taking them. Make sure you mention any herbal supplements or over-the-counter medications you take.

If you are on blood thinners such as aspirin, Coumadin (Warfarin) or Plavix you will need to discuss with your doctor when to stop taking those medications.

If you are diabetic you will need to discuss with your doctor how to adjust your medications for surgery.

If you smoke, try to quit. Smoking increases your risks during surgery and slows healing.

You will be contacted by the hospital pre admission department to register for surgery. You will need to bring your insurance cards to the hospital the day of your procedure.

The day before surgery

You will need to be on a **clear liquid diet** for 24 hours before surgery. Clear liquids include broth, coffee, gelatin, and clear fruit juices. A sample clear liquid diet will be given to you with your bowel prep instructions. No food or drink may be taken after midnight before your surgery.

Your bowel prep will include a laxative and antibiotics to make sure your colon is thoroughly clean.

You will be asked to shower the evening before and the morning of your surgery with a special soap. You will receive instructions on how to shower at the time your surgery is scheduled.

A nurse from the hospital will contact you with the time for your surgery. The nurse will discuss your surgery instructions and ask you about your medications and allergies. You will be asked to bring a list of your medications with you to the hospital.

Your Surgery

Most colon surgeries remove the affected piece (resection). Then the two ends are stitched or stapled together (anastomosis). If you have colon cancer, the surgery removes the cancer and the surrounding tissue and lymph glands. This helps to reduce the chance of recurrence. Colon surgery maintains the colon's tube like shape so that waist can pass through the colon easily and you can still have normal bowel function.

If you have a colostomy a new opening called a stoma is created for getting rid of waste. The Enterostomal Therapy (ET) nurse will visit with you before your surgery and help you with choosing a comfortable site for your stoma. The ET Nurse will teach you how to care for your stoma and how to handle and change a colostomy bag.

Your surgery may take several hours. The doctor will visit with your family immediately following your surgery. You will be taken to the recovery room until you are awake and stable, possibly 1-2 hours. You will then be transported to a patient room and closely monitored by the nursing staff until you are awake and comfortable.

Your Hospital Stay

During surgery a catheter may be inserted into your bladder and may remain for several days. This helps the doctor to monitor your output of fluids. Loose stools are common just after bowel function returns.

A nasogastric (NG) tube may be used for a few days to keep your stomach empty. You will have an IV for fluids and medications. When you begin to pass gas, a sign that your colon is working again, you will be started on a liquid diet. Your diet will be advanced to solids depending on how you tolerate the fluids. You will be encouraged to eat soft, low fiber foods until your healing is complete. You will not be dismissed until your bowel function has returned to normal.

Walking after surgery helps your bowel function return to normal. You will also do some breathing exercises to make sure you are taking in enough oxygen. At first, you will be given pain medications through your IV or by IM injections. After you are eating foods you will receive medication orally.

If you have a stoma the nurse will continue to help you learn to care for your stoma by yourself.

Before you are dismissed an appointment will be scheduled for you to follow up with your surgeon in 7-10 days. If you had an open surgery your staples may be removed at your appointment.

Recovering at Home

You may find that your tire easily for the first six weeks following surgery. This should improve as you become more active. Expect to be off of work 6 to 12 weeks.

Activity can be increased gradually as you feel up to it. Avoid heavy lifting and strenuous exercise for about 6 weeks. Normal activities of daily living such as walking, climbing stairs, and showering are fine. You can drive again when you are no longer taking pain medication and are able to operate your vehicle without discomfort.

Call your surgeon if you have any of the following problems

- A fever over 101°F
- Nausea or vomiting
- Unusual redness, swelling, or pain around your incision
- Constipation, diarrhea, or bloating
- Difficulty controlling your bowel movements

Additional Treatments

If you had surgery to remove a cancer you may need to see a specialist for Chemotherapy or Radiation Therapy. Arrangements will be made for you to see the Oncologist at your follow up appointment with the surgeon or by your family doctor.

A Healthy Colon

You may be asked to return in approximately one year for another colonoscopy to assure that you have healed properly and do not have any new growths or problems. You will need to have regular colon screenings after that. You will receive notification by mail from our office when you are due to have a colonoscopy.

If you have any questions or concerns, or feel you need to be seen sooner, please contact our office at 712-262-6320.