

Abdomino-Perineal Resection of Rectum

Your Bowel Operation Some Information

These notes give a guide to your stay in hospital. They also give an idea about what it will be like afterwards. They do not cover everything. If you want to know more, please ask.

What is the problem?

Some of the lowest part of your bowel is diseased and has to be taken out. Because the disease is so near the opening in the back passage, this has to be taken out as well. If the back passage were left in place, you would be unable to control the motions. And you might get complications from the underlying disease.

A new opening for the bowel is made in the wall of your tummy (a colostomy). The waste runs into a special stick-on plastic bag.

What does the operation consist of?

A cut about 35cm (15 inches) long is made in the skin and muscle of the tummy wall to the left of the navel. The lower bowel within reach is freed from its bed. Another cut is made around the back passage which is also freed. The whole of the lower bowel is taken out- A fresh opening is made in the tummy wall for the remaining bowel which is made into a colostomy. The wounds are stitched up.

Are there any alternatives

Doing nothing will lead to bleeding, discharge, pain and possibly a complete blockage of the bowel. Taking out the diseased bowel, but leaving the back passage in place in your case is risky. You would end up with little control of the bowels and a risk of a disease causing further problems. X-ray treatment and drug treatment on their own are not very good. They may be useful if added to the operation. We can talk to you about this. We reserve simple electrical burning to control the disease in the bowel if an operation is very risky, or if the bowel cannot be removed.

What happens before the operation?

Welcome to the ward

You will be welcomed to the ward by the nurses or the receptionist. You will have your details checked. You will be shown to your bed and will be asked to change into your nightwear. You will have some basic tests done, such as pulse, temperature, blood pressure and urine examination.

You will be asked to hand in any medicines or drugs you may be taking, so that your drug treatment in hospital will be correct. Please tell the nurses of any allergies to drugs or dressings.

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Visits by the surgical team

You will be seen by the House Surgeon, who will interview you.

If you are not clear about any part of the operation, ask for more details from the doctors or from the nurses, They are never too busy to do this.

You will be seen by the surgeon who will be doing the operation. I-Ic will check that all the necessary preparations have been made.

Visit by the Stoma Nurse

You will meet the Stoma Nurse who will be helping you before and after your operation. She will arrange for you to try a colostomy bag so that you can choose the best place on your tummy for the colostomy. The place will be marked on your skin. It will be somewhere on the left side near the navel.

Visits by the anaesthetic team

One or more anaesthetists who will be giving your anaesthetic will interview and examine you. They will be especially interested in chest troubles, dental treatment and any previous anaesthetics you have had, plus any anaesthetic problems in the family. They will discuss special pain relief called an epidural injection.

Visit by the physiotherapist

The physiotherapist will show you how to keep your chest clear after the operation and how to keep moving about. You should not smoke.

Diet

You will have your usual diet until 6 to 12 hours before the operation. Then you will be asked to take nothing by mouth. This will let your stomach empty to prevent vomiting during your operation.

Shaving

You will be shaved from armpit to thighs to prevent hairs affecting the wound.

Periods

The periods do not affect the operation.

Bowel preparation

It is important that the bowel is as clean as possible before the operation. You will be given a variety of laxatives, enemas and washouts to help. These treatments are undignified, but not painful.

Timing of the operation

The timing of your operation is usually arranged the day before. The nurses will tell you when to expect to go to the operating theatre. Do not be surprised, however, if there are changes to the exact timing.

Bladder catheters

Patients usually have a fine rubber tube passed into the bladder through the front passage. This lets the bladder stay empty and small during the operation and helps control your body fluids afterwards.

Patients will have this tubing passed in the operating theatre when they are asleep.

Premedication

You may be given a sedative injection or tablets about 1 hour before the operation.

Transfer to theatre

You will be taken on a trolley to the operating suite by a ward nurse and a theatre porter. You will be wearing a cotton gown. Wedding rings will be fastened with tape. Removable dentures will be left on the ward. There will be several checks on your details on the way to the anaesthetic room where your anaesthetic will begin. You will go to sleep.

The operation is then performed.**Coming round after the anaesthetic you will be admitted to the High Dependency Unit.**

Although you will be conscious a minute or two after the operation ends, you are unlikely to remember anything until you are back in your bed on the ward.

You will have a drip tube in an arm vein. This is connected to a plastic bag on a stand containing a salt solution or blood.

You will 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 rubber drainage tube nearby, connected to yet another plastic bag. You will have plastic drainage tubes coming out of the skin near your lower wound.

You may be given oxygen from a face mask for a few hours if you have had chest problems in the past.

Warning after a General Anaesthetic

The drugs we give for a general anaesthetic will make you clumsy, slow and forgetful for about 24 hours. This happens even if you feel quite alright.

For 24 hours after your general anaesthetic:

Do not make any important decisions.

Will it hurt?

The wounds are painful and you will be given injections and later tablets to control this. Ask for more if the pain is still unpleasant. An epidural injection will control your pain if it has been given.

You will be expected to get out of bed the day after operation despite the 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.

Drinking and eating

The operation causes the bowel to stop working for a day or two. Until the bowel starts up again, you will be given water, salts and sugar solutions into your arm vein. The tube in your nose will be used to draw off any build-up of stomach juices.

The first signs of returning bowel activity are noises in your tummy and passing wind out of your colostomy. Once these have happened you will be able to start drinking - a little at a time.

When you are able to drink freely, the arm drip tubing is removed.

You should be eating normally after 4 or 5 days.

Opening bowels

It is quite normal for the colostomy not to work for 3 or 4 days after the operation. Often there is diarrhoea for up to a week, but this settles down by itself the colostomy is likely to be rather runny and smelly at first. The Stoma Nurse will advise about smells, diarrhoea, the best bag etc.

Passing urine

Because of the drainage tube (catheter) in the bladder, passing urine is not a problem.

Sometimes there is a feeling that there is a leakage all the time, but this is just an irritation by the tubing and it passes off. Once you can walk about in reasonable comfort and the epidural has been removed the catheter is taken out.

Sleeping

You will be offered painkillers rather than sleeping pills to help you to sleep. If you cannot sleep despite the painkillers please let the nurses know.

Physiotherapy

The physiotherapist will check that you are clearing your lungs of phlegm by coughing. You should help your circulation by continuous movement of body and limbs.

The wound and stitches

The wounds have dressings which may show some staining with old blood in the first 24 hours.

Usually there are no stitches in the skin. Stitches are put across the wound and they are removed after 7 – 10 days.

The rubber drain tube is removed usually after 4 days.

There may be some purple bruising around the wounds which spreads downwards by gravity and fades to a yellow colour after 2 to 3 days. It is not important.

There may be some swelling of the surrounding skin which also improves in 2 to 3 days.

After 7 to 10 days, slight crusts on the wounds will fall off.

Occasionally minor matchhead sized blebs form on the wound line. These settle down after discharging a blob of yellow fluid for a day or so.

The lower wound heals up in the same way, but sometimes more slowly than the upper.

Injections

You will have tiny injections into the tummy skin daily to keep the circulation going.

Washing

You can wash the wound area as soon as the dressing has been removed. Soap and tap water are entirely adequate. Salted water is not necessary.

What about informing my relatives and contacts?

With your permission, the nurses and doctors will keep your relatives and contacts up to date with your progress.

How long in hospital?

You should plan to leave hospital two weeks after the operation.

The nurses will talk to you about your home arrangements so that a proper time for you to leave hospital can be arranged.

You will be given an appointment to visit the Out Patient Department for a check up about one month after you leave hospital.

The Stoma Nurse will keep in contact with you at home.

Sick notes

Please ask the nurses for sick notes, certificates etc.

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After you leave hospital

You are likely to feel very tired and need rests 2 or 3 times a day for a month or more . You will gradually improve so that by the time 3 months has passed you will be able to return completely to your usual level of activity.

Lifting

At first discomfort in the wound will prevent you from harming yourself by too heavy lifting. After three months you can lift whatever you like. There is no value in attempting to speed the recovery of the wound by special exercises before the three months are out.

Driving

You can drive as soon as you can make an emergency stop without discomfort in the wound, i.e. after about 3 weeks.

What about sex?

You can restart sexual relations within two to three weeks when the wound is comfortable enough. There may be some damage to the sex nerves following this operation.

Work

You should be able to return to a light job within 8 weeks. Some heavy jobs may not be suitable because of the colostomy. We can advise you on this.

Complications

Complications are unusual but are rapidly recognised and dealt with by the nursing and surgical staff If you think that all is not well, please ask the nurses or doctors.

Chest infections may arise, particularly in smokers. Co-operation 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.

Sometimes there is some discharge from the drain by the wound. This stops given time.

Wound infection is sometimes seen. This settles down with antibiotics in a week or two.

Aches and twinges may be felt in the wound for up to 6 months.

Sometimes the stoma is slow to work. We will talk to you about this.

Sometimes the lower wound is slow to heal. We will again talk to you about this.

General advice

The operation should not be underestimated. Some patients are surprised how slowly they regain their normal stamina. But virtually all patients are back doing their normal duties within 3 months.

You will be surprised how good the modern appliances are. Your social life should not be greatly affected by the operation. The Stoma Nurses will keep in touch with you always.

Any Questions?

If you have any questions, jot them down here and ask the doctors or nurses for answers.

If your stay has been pleasant or you have any suggestions to improve the experience in Hospital please write to me at the address below. If any member of staff has stood out in your care again write to me. Positive feedback is always appreciated. Use the form overleaf to help with this.

Any complaints?

If you have any complaints, please contact the doctors or nurses straight away. If this does not solve the problem, please write to me at Surgical Unit, Causeway Hospital, 4 Newbridge Road, Coleraine. BT52 1HS.

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Have you any comments?

We welcome your comments and suggestions covering your illness, your treatment in hospital, and your recovery. Please write below any points you would like to make. If you prefer, you need not give your name.

Full name:

Hospital:

Ward:

Date of stay in hospital:

Operation:

Out patients department:

Your admission arrangements:

Your welcome on the ward:

Nursing staff:

General ward atmosphere:

Medical staff:

Ward orderlies:

Portering staff:

X-ray staff:

ECG staff:

Did you know who was who?:

Bedding:

Food and drink:

Privacy:

Locker space:

Toilets:

Bathrooms:

Other patients:

Noise:

Information:

Telephone/TV/radio/newspapers:

Timing of operation:

Preparations for your operation:

Going into the theatre:

In the operating theatre:

In the recovery room:

Coming back from theatre:

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Intensive Care ward:

Recovery on the ward:

Pain control:

Sleeping:

Wound dressings:

Stitches, clips:

Progress reports:

Visiting hours:

Rest room:

Tablets, medicines, injections:

Going-home arrangements:

Out-patient follow up:

Anything else?

Please send this questionnaire to Mr M G Brown, Surgical Unit, Causeway Hospital, 4
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