

Hemicolectomy - Left and Anterior 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 bowel?

The bowel is a tube of intestine which runs from the stomach to the back passage. It is much longer than the inside of your belly (tummy). It fits in by coiling up in a loop. The upper part of the bowel is called the small bowel. It joins the lower part of the bowel (the colon) just to the right of the waistline. This is where the appendix pouches out from the colon.

The colon runs up to the right ribs, loops across the upper part of the belly and passes down the left side to run backwards into the pelvis as the back passage, where it is called the rectum.

If the left side of the colon loop or the upper part of the rectum become diseased, this causes crampy tummy pains, diarrhoea, bleeding and swellings. The diseased parts of the bowel have to be taken out and the ends are joined up whenever possible.

What does the operation consist of?

A cut is made in the skin to the midline or left of the tummy button about 40 cm (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.

Are there 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. I am sure the best way forward is to have a planned operation.

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 hospital 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.

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 have the operation site marked on you with a skin pencil.

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

Visits by the anaesthetic team

One or more anaesthetists who will be giving your anaesthetic will interview and examine you. They will want to know about chest troubles, dental treatment and any previous anaesthetics you have had. Also, they will want to know about other illnesses you have had, plus any anaesthetic problems in the family.

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 when asleep 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 so that 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 before the operation. 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 then go to sleep.

The operation is then performed.

What happens after the operation?

Coming round after the anaesthetic you will be transferred 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 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 may be given oxygen from a face mask for a few hours if you have had chest problems in the past.

You may have a colostomy.

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 wound is painful and you will be given injections and, later, tablets to control this. Ask for more if the pain is still unpleasant.

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 the bowel starting up again are noises in your tummy and passing wind out of your back passage. Once these have happened you will be able to start drinking - a little at a time. If you have a colostomy the wind comes out here.

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 bowels not to open for 3 or 4 days after the operation. Often there is diarrhoea for up to a week, but this settles down by itself. If you have a colostomy, the same rules apply.

If you have not opened your bowels after 2 days and you feel uncomfortable, ask the nurses for a laxative.

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, 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 can help your circulation by continuous movement of body and limbs.

The wound and stitches

The wound has a dressing which may show some staining with old blood in the first 24 hours. The dressing will be removed. The wound will be sprayed with a cellulose varnish similar to nail varnish. You can take the dressing off after 48 hours. There is no need for a dressing after this unless the wound is painful when rubbed by clothing.

Usually there are no stitches in the skin. The wound is held together underneath the skin and does not need further attention. Sometimes, however, 7 or 8 stitches are put across the wound to add strength and they are removed after 8 days.

The rubber drain tube is removed after 4 days.

There may be some purple bruising around the wound 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 wound will fall off. The cellulose varnish will peel off and can be assisted with nail varnish remover.

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.

Injections

You will have tiny injections into the tummy skin twice a day to keep the circulation going.

Washing

You can wash the wound area as soon as the dressing has been removed. Soap and warm tap water are entirely adequate. Salted water is not necessary. You can shower or take a bath as often as you want.

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 2 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.

Sick notes

Please ask the nurses for sick notes, certificates etc.

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.

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 2 or 3 weeks when the wound is comfortable enough. Sometimes the operation will upset the nerves which control sex in the male. We can discuss this with you.

Work

You should be able to return to a light job after about 6 weeks and any heavy job within 12 weeks.

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 of two.

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

Occasionally there are numb patches in the skin around the wound which get better after 2 to 3 months.

If you have a colostomy, you will be given help and advice from the Stoma Nurses.

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.

If you have any problems or queries, please ask the nurses or doctors.

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.

Mr M G Brown, MD FRCS
Consultant Surgeon & Vascular Surgeon.

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:

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 Newbridge Road, Coleraine. BT52 1HS

Mr M G Brown, MD FRCS, Consultant General & Vascular Surgeon, Causeway Hospital, 4 Newbridge Road, Coleraine. BT52 1HS. Tel: 028 703 46147