

Colorectal Department

Patient Information



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All About Your Operation

Anterior Resection

Introduction

This leaflet tells you about the procedure known as an anterior resection.

It explains what is involved, and some of the common complications associated with this procedure that you need to be aware of. It also provides information about The Enhanced Recovery Programme and how you can play an active part in your recovery after your surgery

What is the Enhanced Recovery Programme?

Enhanced Recovery is a modern, evidenced-based approach that helps you get back to full health as quickly as possible after your operation. Research has shown the earlier a person gets out of bed and starts walking, eating and drinking after having a major operation, the shorter the recovery time will be.

In order to achieve this we need you to be partners with us so that we can work together to speed up your recovery.

Preparing for your operation

Before your operation it is really beneficial for you to try and make yourself as fit as possible. Take gentle exercise such as walking and get plenty of fresh air. If you can, try and eat a well-balanced diet. If you smoke, we strongly advise you to stop as soon as you can before your surgery; you can see your GP or pharmacist for advice on products to help with this.

Chewing gum

On the day you come into hospital bring some chewing gum with you. Chewing gum after bowel surgery is encouraged as recent studies have shown that this can assist the bowel to return to its normal function. Chewing gum can also help disperse trapped wind and the colic type pains that can sometimes occur after a bowel operation.

Bowel preparation

You can eat and drink normally up until the evening 2 days before your operation. The day before your surgery you should have light, low fibre foods only (see the leaflet from pre-assessment about bowel preparation). You should avoid heavy meals and alcohol. The day before your surgery you will also be required to drink 6 high carbohydrate drinks. You will be given these drinks when you come in for your pre-assessment appointment. You will also be given a strong laxative to take the day before your operation to clear out your bowel. This will make you want to go to the toilet often and urgently. You should be given a more detailed information sheet on bowel preparation at your pre-assessment appointment. If in doubt call your specialist nurse.

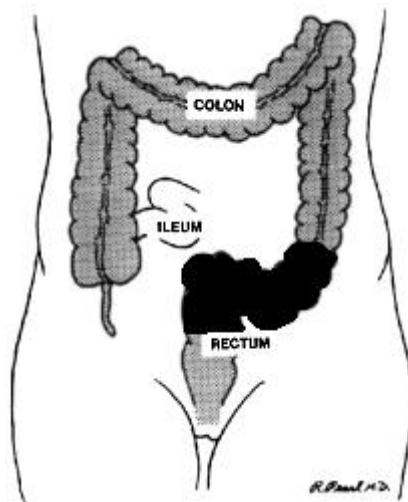
Admission to hospital

You will be admitted to the hospital the day of your operation unless your Consultant advises otherwise. You will be in hospital approximately (3–5) days depending on the exact nature of your surgery.

What is an anterior resection?

An anterior resection is an operation to remove part or the entire rectum.

A cut will be made in your abdomen (tummy). The surgeon will remove the diseased area of bowel and a length of normal bowel either side of it. The two ends of healthy bowel are then joined by stitching or stapling them together (anastomosis). The wound on the abdomen will be closed either with clips or stitches. Any visible stitches or clips will be removed between 7 and 12 days.



Anterior resection may be offered as laparoscopic (keyhole) surgery. However, Laparoscopic surgery is not possible in all cases. Your surgeon will discuss with you the type of operation that is best for you.

Will I need to have a stoma (bowel bag)?

It may be necessary to have a temporary stoma to divert stools away from the surgical join in the bowel whilst it heals. This is more common if you have had chemotherapy or radiotherapy leading up to the planned operation. A second operation to reverse the stoma may be performed. The timing of reversal is variable but is often a few months after the first operation. The timing will be discussed with you by your surgeon and colorectal nurse.

The stoma 'rests' the join in the bowel (anastomosis) allowing it to heal and also provides time for you to fully recover.

A stoma is an opening onto the skin which is formed during surgery by stitching a section of the bowel onto the abdomen. Stools that come out of the stoma are collected in a bag that covers it.

If you need a stoma or it is possible that you may need a stoma, you will be seen by a stoma nurse. These specialist nurses are skilled in caring for patients who have a stoma and will be able to answer any questions you may have.

What risks are there in having this procedure?

Removing part of the bowel is a major operation. As with any surgery there are risks with the operation which include:

Anastomotic leak

Sometimes the anastomosis (join in the bowel) leaks. Treatment with antibiotics and resting the bowel are generally enough, however, this may be a serious complication which needs further surgery and formation of a stoma.

Nerve damage

The operation is very close to the muscle in the anus (anal sphincter).

This may become bruised causing a loss of sensation which occasionally leads to slight incontinence of wind and/or stools in the early days after your operation. The operation is also very close to the bladder and nerves responsible for sexual function. Bladder and sexual function may be disturbed although the risk is small and often temporary. As a result, some men may have problems with erection and ejaculation. Some may also have problems passing urine in the first few weeks after surgery, which generally resolves as the swelling around the operation settles. Some people may experience sexual difficulties after major abdominal surgery. For men there can be difficulty with achieving an erection because of bruising around the nerves in the pelvis. Some women find that the shape of the vagina feels different after the surgery and that it feels dry. Experimenting with different positions for intercourse and the use of lubricants may help.

Ileus (paralysis of the bowel)

Sometimes the bowel is slow to start working after surgery which causes vomiting and delays you from eating and drinking normally in hospital. If this happens the bowel may need to be rested and a drip (a tube into a vein in your arm) is used to replace fluids (instead of drinking).

In addition, you may need a nasogastric tube (tube in your nose which passes into your stomach) so that fluid in your stomach can be drawn off. This helps to prevent nausea and vomiting and remains in place until the bowel recovers.

Possible stoma problems

The stoma could become necrotic (dead tissue). This is a result of a reduced blood supply to the stoma, if this was to happen you may need further surgery. Some stomas can prolapse which means the stoma comes out too far past the skin and again in serious cases further surgery may be needed. Also there is a chance you may develop a parastomal hernia (when the bowel pushes through a weak point in the abdominal muscle wall). Small hernias can be treated with a support garment or belt. Surgery may be needed for larger hernias.

Chest infection

After your operation it is important that you do deep breathing exercises to reduce the risk of developing a chest infection. Below are some exercises to follow whilst sitting in an upright position in a chair or in bed.

Relaxed breathing

*Rest your hand on your tummy and feel it gently rise and fall with your breathing
Breathe at a comfortable pace for about 30 seconds*

Deep breathing

*Take a long deep breath in through your nose
Hold for 2-3 seconds*

Relax, and breathe out and repeat 3 times.

Huffing and coughing

*Support your tummy with your hands or a rolled up towel
To huff you exhale air as if you are steaming up a mirror
If feel there is phlegm there – cough to clear it.*

Wound infection

Operations of this nature carry a risk of infection and therefore anti-biotics are given to you routinely during your operation.

Thrombosis (blood clot in the leg) and pulmonary embolism (blood clot in the lungs)

Being less mobile, unwell or having surgery will put you at risk. Also if you are overweight, over 60 years old or have cancer you are also at risk.

To help reduce your risk you may be fitted with some anti-embolic stockings for the duration of your stay in hospital.

These are tight fitting and make your blood move more quickly through your legs. You may also be given a small injection called clexane to help thin the blood. You may also need to continue for a while after you return home.

You can help by moving around as much as you are able and getting out of bed as soon as possible after your surgery. You should also avoid crossing your legs.

Bleeding

A blood transfusion may be needed during or after surgery. Very rarely, further surgery may be required.

Sickness

Some people experience sickness after the anaesthetic and anti-sickness drugs can be given to help and alleviate it.

What are the consequences of this operation?

After any major bowel operation the function of the bowel can change. You may experience:

- difficulty controlling wind
- urgency or difficulty with bowel control
- loose stools or diarrhoea

In most people these improve with time but can take many months to settle down. You may need medication to help control your bowels. Please do not hesitate to contact your colorectal nurse for advice.

What if you do nothing?

Your bowel condition is likely to have been causing you severe symptoms. If you choose to do nothing means that you are likely to have more of the same trouble. If you feel you could not cope with an operation for whatever reason you should discuss it with your doctor. Ultimately there is a risk that your bowel may block altogether causing severe pain and perforation. This situation is potentially fatal. Sometimes the disease or blockage is due to cancer and if the operation is not performed there is a risk that the cancer may spread to other parts of your body.

Anaesthetic and pain relief

Your anaesthetist will come and see you before your operation to discuss the type of anaesthetic that you will be given. The vast majority of major bowel operations are performed under general anaesthetic. Pain relief after your operation will also be discussed with you by your anaesthetist. You may be given painkillers through an epidural (tube in your back) or through a drip in your arm in the form of a PCA (patient controlled analgesia) hand held pump.

After Your Operation

Immediately after surgery you may have a number of tubes attached to your body e.g.:

- an intravenous infusion (drip tube), usually in your arm to feed you with fluids and often used to give drugs as well.
- a catheter (tube) in your bladder to drain urine.
- a tube, either in your arm (PCA) or in your back (epidural), slowly releasing painkillers.
- drainage tubes at the site of the operation to clear away any oozing fluids around the operation site inside.
- continuous oxygen by a face mask or small tube placed to your nose.

Most of the tubes are put in place while you are under anaesthetic. Over a period of two to three days many or all of these tubes will be removed. People recover from surgery at different rates. The average stay in hospital is three to five days but you may need to stay in longer. This will be discussed with you by your surgeon or colorectal nurse.

Mobilising and exercising

By being out of bed in a more upright position and walking regularly, lung function is improved and there is less chance of a chest infection after surgery. Circulation is also improved, reducing the risk of blood clots and helping bowel function return to normal. Once you are back from theatre and awake you will be encouraged to sit out in a chair as soon as possible. The ward staff will help you with this.

When you are sitting in the chair or lying in bed you should do frequent leg exercises; pointing your feet up and down and moving your ankles as if making circles can achieve this.

It is important to take regular walks during the day. The ward staff can help and if required, the physiotherapist will check you can manage a flight of stairs prior to your discharge. Try and wear your own day clothes after your operation as this can help you feel more comfortable and positive about your recovery.

It is important that your pain is controlled so that you can walk about, breathe deeply, eat and drink, feel relaxed and sleep well. Please let us know if your pain is not manageable so that we can help you.

Eating and drinking

After your operation, you need extra nourishment to help your wounds heal, reduce the risk of infection and help you recover. High Calorie/High Protein drinks will be given to you after your operation to help supplement your diet (these are not a substitute for solid food). Early after your operation, you will be encouraged to start eating as you feel able. You may find that you do not have much of an appetite at first. If you feel sick medicines can help so ask your doctor. There is no hard and fast rule about what you should or should not eat. Little and often is usually better than large heavy meals. Food with a low residue (low fibre) and easily digested is usually best at first. You may find that spicy food and a lot of salad or fruit will upset you. You are also advised to chew gum for 10-15 minutes, three times a day, until your bowel function returns to normal.

Going home and getting back to “normal”

Having an operation can be a stressful experience, physically and emotionally. In the first weeks you may have some days when you feel quite low and this is normal. Some people find that it can take some months to adjust emotionally to the surgery. You are likely to feel tired and weak for a while but there is no need to stay in hospital. Many people report that they feel better sooner at home. However, it will be necessary to make sure that there is someone to help with getting meals, cleaning your home and shopping. Things will get better. Some people report that it takes them many months to feel completely back to their normal selves, others recover much more quickly.

Initially your bowel actions are very likely to be loose, unpredictable and quite urgent. It can take several months for this to settle and for you to develop a predictable pattern. Your bowel function is unlikely to be exactly the same as it was before your operation, so your expectation of what is “normal” for you may need to be adjusted. It takes time for the bowel to compensate and it may never completely do so. If diarrhoea becomes a persistent problem discuss this with your doctor. There are medicines to help firm the stool and some people do need to take medicines on a permanent basis. If you find that you leak from the bowel or do not always make it to the toilet in time, there are exercises that can help.

If you experience difficulties with passing urine or sexual activity, do discuss this with your doctor or specialist nurse as often help is available.

Please do not hesitate to contact the Colorectal Specialist Nurses by telephone if you need any further help and advice or have any questions or concerns. You will also have the opportunity to discuss these at your follow-up appointments in the future.

Angela Ingram, Natasha Orbell and Jackie Gibbins
Colorectal Cancer Nurse Specialists
Dorset County Hospital

Useful Addresses and Contacts

Julie Lane

Colorectal Nurse Consultant
Williams Avenue
Dorset County Hospital
Williams Avenue
Dorchester
Dorset
DT1 2JY

Telephone: 01305 255273

**Vikki Andrews, Nicola Clarke,
Fiona Mortlock, Kate March**
Stoma Care Team
Medical/surgical Outpatients Department
Dorset County Hospital
Williams Avenue
Dorchester
Dorset
DT1 2JY

Telephone: 01305 255152
Monday – Friday 08.30 – 16.30
(Answerphone at the weekend)

Macmillan Cancer support
Macmillan Cancer Support
89 Albert Embankment
London
SE1 7UQ

Freephone: 0808 808 2020
www.macmillan.org.uk

Other Useful Website Addresses

www.dorsetcancer.nhs.uk
www.netdoctor.co.uk
www.digestivedisorders.org.uk

SemiColons

West Dorset Bowel Cancer
Support Group Secretary
Dick Foad

Telephone: 01305 261165 or 07792637935

Bowel Cancer UK

7 Rickett Street
London
SW6 1RU

Telephone: 020 7381 9711 (24hr)
or Bowel Cancer Advisory Service
08708 50 60 50
www.bowelcanceruk.org.uk

Beating Bowel Cancer

39 Crown Road
Twickenham
TW1 3EJ

Telephone: 020 8892 5256
www.beatingbowelcancer.org

Cancer Buddies Network

Cancer Buddies Network aims to create a haven where people living through similar cancer experiences, be they patients, carers, or family and friends can get together with others in the same situation and even in the same part of the world (maybe even up the road!) for the purpose of giving or receiving cancer support sharing, comparing, chatting and making long-lasting friendships. They aim to prove that being diagnosed with cancer need never be a lonely experience.