



A guide to...

Sigmoid Colectomy Surgery

Patient information

How to contact us

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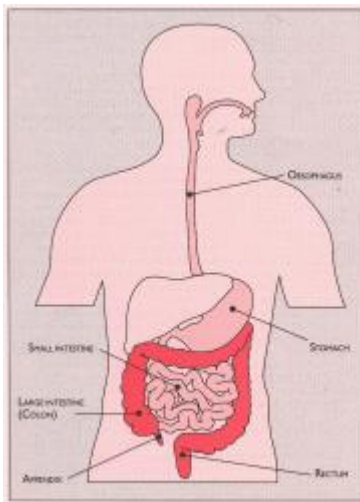


Sigmoid Colectomy

This is an information booklet to explain the operation that you are going to have. You have been seen by a doctor from the surgical team and it has been found necessary for you to have part of your large bowel removed.

What is the large bowel?

When we swallow food passes down the oesophagus (throat) into the stomach and then into the small bowel. As food passes through the small bowel it is digested and the body absorbs essential nutrients. From here it passes into the large bowel (the colon).



The colon is 1.5 metres in length and is divided into four parts:

- the ascending colon
- the transverse colon
- the descending colon
- and the sigmoid colon

The main functions of the colon are the absorption of water, bile salts and electrolytes from food waste and the storage of waste matter.

The waste moves along all four parts of the colon and passes out of the rectum (back passage) via the anus as a bowel movement. Waste matter may be referred to as stool or faeces.

What happens next?

A letter will be sent to you giving you a date for your admission. You may be contacted by telephone by the Admissions Office. This letter will also contain other information relevant to your stay in hospital - please read it carefully. Your operation will be performed at Watford Hospital.

Pre-Admission Clinic

You will be asked to attend the pre-admission clinic. This is to examine you thoroughly and complete all the necessary tests prior to surgery. These tests include: blood tests; an ECG (electrocardiogram), which records the heart activity; blood pressure; and a urine test. All these tests are painless. You are welcome to bring a family member or friend with you. You will be seen by the pre-admission nurse, the Enhanced Recovery Nurse who will discuss your hospital stay in detail and the Stoma Care Specialist if appropriate. You are encouraged to ask any questions that you may have. Your pre-admission assessment will take place at Watford Hospital.

What happens when I come into hospital?

You are likely to stay in hospital for approximately 5-7 days. You will most likely be admitted on the day of your operation to the surgical admission unit. The usual process will be to go to theatre from the admission unit. There will be time for you to ask any questions and to discuss anything that you do not understand.

An anaesthetist will see you before the operation. They will discuss the anaesthetic and post-operative pain relief with you. Please discuss any fears or worries about the anaesthetic or pain relief at this time.

Bowel preparation

Bowel preparation will be discussed with you in pre op assessment and you will be given the appropriate bowel preparation if required, with instructions.

There may be occasions when you will be asked to have some medicine to clear your bowel, this may give you loose stools and you need to drink plenty of fluids (tea / coffee with milk, fizzy) to replace what is lost.

Starving preparation

You can eat until six hours prior to your surgery. After this time you can have clear fluids until two hours prior to surgery. You will also be given two cartons of supplement drinks to take on the day of surgery.

What happens during the operation?

During the operation the abdomen is opened so that the affected part of the bowel can be removed. Sometimes it is possible to remove the tumour by keyhole or laparoscopic surgery which involves several small and a medium sized incision rather than one large incision. This operation is called a left hemicolectomy when part of the left colon is removed.

This operation can be performed to remove a polyp, diverticular disease, or a tumour or growth which may be malignant. Part of the transverse colon and the descending colon are removed. The two ends are then joined together to restore continuity.

The shaded area is the part of the bowel that will be removed and this will be sent to the pathology department where it will be looked at under the microscope to give us more information about your disease.

These results take approximately ten days to arrive and will be discussed with you either before you leave hospital or on your first clinic appointment.

In a minority of cases, in order to allow the join to heal, it will be necessary to have a temporary colostomy or ileostomy. This is where a piece of the bowel is diverted onto the tummy and the stool is collected in a specially made small bag. Specially trained nurses called Stoma Care Nurses will visit you and give you information, advice and support. You will also be given an information booklet on stomas.

How will I feel after the operation?

You are unlikely to remember anything until you are back in your bed on the ward. The nurses will help to make you comfortable and will regularly check your blood pressure, temperature and pulse. A few hours after your operation you will be able to start drinking. It is important to start drinking and then eating after the operation.

Fluids will be administered through a vein (via a drip) usually in your hand or arm. This drip will most likely be removed the day following your operation when you are able to tolerate fluids orally.

If you feel sick after operation please inform the nurses and they will give you a drug to prevent this unpleasant feeling. To help prevent you feeling sick a tube may be placed in your stomach through the nose to drain any fluid in the stomach. This should not affect your ability to talk or breathe and will be removed once you are drinking cups of fluids.

A catheter will be placed into your bladder to monitor your urine output and is removed after a few days when your general condition improves.

After an operation it is normal for blood and fluid to be produced. Therefore you may have a small drain or tube in your abdomen to remove this fluid. The amount will be monitored and when the discharge is minimal the tube will be removed.

You will be expected to get out of bed the day after your operation despite the discomfort. You will not do the wound any harm, and the exercise is very good at helping to prevent blood clots and chest infections. The nurse and physiotherapist will help you with this.

Will I have pain?

There are different types of pain relief that are effective. However, if you suffer from pain it is very important to let a Doctor or nurse looking after you know as soon as possible so that they can review your medication. Before your operation the anaesthetist will have discussed with you the most appropriate method of relieving your pain.

When will my bowels start working again?

It is normal for the bowel to stop working for a few days following a bowel operation. Usually the first sign that your bowel is beginning to work again is when you pass wind. You may find that your bowel habits become unpredictable with a sense of urgency. However, this should settle down and your bowel control will improve with time.

Will I have stitches?

Your wound will have been joined with stitches, glue or staples (metal clips). These are removed between 10 – 14 days after your operation and the District Nurses will be organised by the ward on discharge, to do this when you have already returned home. Sometimes soluble sutures are used. These do not need to be removed as they dissolve.

Risks of Surgery

Risks of this operation are small and much less than the risk of doing nothing. All operations carry a risk from general anaesthetic but this is minimal due to modern techniques.

A sigmoid colectomy is classed as a major procedure and complications do sometimes occur. These can be fatal, but we take every precaution to minimise the chances of these complications happening and most people make an uneventful recovery.

Here are some risks that are general to all operations and the steps we take to reduce the chance of these happening:-

1. Wound or urine infection

To reduce the risk of these happening you will be given antibiotics at the time of the operation. If any infection occurs subsequently you will be treated with a course of antibiotics.

2. Chest infection

We try to reduce the risk of developing a chest infection by teaching you deep breathing exercises and sitting you upright in the bed or chair. To do this effectively you must have adequate pain control. If this is not the case you must tell the ward staff who will ask the doctors to review your pain relief. If necessary the physiotherapist will come to see you.

3. Deep vein thrombosis (blood clots in the legs)

We try to prevent this with special stockings and once daily injections of a drug called heparin, to reduce blood clotting.

The risks which are specific to a sigmoid colectomy are:

1. Occasionally the bowel can be slow to start working again. This requires patience, but usually resolves in time.

2. Small risk of damage to the spleen which may result in the spleen being removed.

3. Post-operative bleeding (haemorrhage)

4. Small risk of damage to the ureters (the tubes which drain to the kidney)

5. If you are having surgery because of a tumour in your bowel there is a risk that the tumour may not be completely removed or that the tumour cannot be removed at all.

6. Small risk of internal joins (anastomosis) leaking.

You should speak to your doctor or specialist nurse about your operation to make sure you understand exactly what is going to happen.

How long will I be in hospital?

You are most likely to leave hospital 5 - 7 days after your operation. The nurses will talk to you about your home arrangements, or a social worker may be able to give you additional advice with any special problems. After this a suitable time for you to leave hospital can be arranged. You will also leave the hospital with an appointment for about 2 - 3 weeks' time to attend the out-patient department for a check with your surgeon.

What else do I need to consider?

It will take some time for you to recover from this surgery, and you may need to talk this through with your family to identify any help you may need. You are likely to feel very tired and you will need rest two or three times a day for a month or more. You will gradually improve so that after three months you should be able to return completely to your usual level of activity.

Diet

After having an operation on your bowel there are no particular changes you should make to what you eat or drink. You should eat a balanced diet, including fruit, vegetables, whole meal cereals and bread.

You should talk to your doctor or specialist nurse if you have any particular concern. If necessary you could be referred to the hospital dietician.

Will I be able to resume driving?

Your GP (family doctor) will receive a letter from your hospital doctor explaining the surgery you have had. It is advisable to check with your GP or hospital doctor about driving. You should be able to consider driving around 4 – 6 weeks following your operation if you are free of discomfort and can do an emergency stop without discomfort.

What about sex?

Once you have recovered from the operation there is no medical reason why you should not go back to your normal sex life again. Initially, this operation may affect your libido (interest in sex) and your ability to enjoy sex as before. Every person is different and you should feel free to discuss these personal issues with your doctor or nurse before you have the operation as well as afterwards.

When will I be able to return to work?

Again each person is different and work issues should be discussed with your doctor. Some patients are able to return to work about 6—8 weeks following surgery.

General advice

The operation you have had should not be underestimated. Some patients are surprised how slowly they regain their normal stamina. However, most patients are back doing their normal activities within three months.

This information aims to help you understand what to expect with this surgery, and it is not intended to prevent you from asking any further questions of the team treating you.

Colorectal Nurse Specialist—Keyworker

During your stay in hospital the Colorectal Nurse Specialist will come to see you at regular intervals to make sure that you understand all the information you have been given. She will also keep you informed about your care and answer any questions that you, or your family, may have.

The Colorectal Nurse Specialist is also there to offer you and your family emotional support and advice; she will be your key worker. The ward staff can contact her for you outside of these visits should the need arise. She remains your contact once you have been discharged home.

Multidisciplinary Team (MDT)

If you are having your surgery due to cancer, your case will be discussed by the Colorectal Cancer MDT which meets weekly. This MDT consists of consultant colorectal surgeons, oncologists, radiologists, histopathologist, gastroenterologists and clinical nurse specialist. Your Colorectal Nurse Specialist can contact members of the team on your behalf. Appropriate written and verbal information will be provided to you by members of the team as you go through your care pathway.