Work.

You should be able to return to light work within 4 weeks and a heavy job within 6 weeks.

Complications.

Complications after leaving hospital are *usually* not serious and are well known. If you think that all is not well, please ask the nurses or doctors.

Bruising and swelling may be troublesome. The swelling may take 4 to 6 weeks to settle down.

Infection is sometimes a problem in about 15% of cases and will be treated appropriately by the surgeon. 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. Unpredictable bowel motion is common and resolves in due course.

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.

The most serious problem is leakage at the joined ends of the bowel and occurs as a major problem in about 10% of patients. This occurs while you are still in hospital and the surgeon and nurses are always watching out for this.

General advice.

The operation should not be underestimated, but practically all patients are back at their normal activities within 6-8 weeks. If you have any problems or queries, please ask the nurses or doctors.

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ANTERIOR RESECTION

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 fits into your belly (abdomen) by coiling up in a loop. The upper part of the bowel is called the small bowel and 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 where it is called the **rectum**.

If the left side of the colon loop or the rectum become diseased or develops a growth, this may cause crampy pains, diarrhoea, constipation, bleeding or a lump. The diseased part of the bowel has to be taken out and the ends are joined up whenever possible. The term **anterior resection** is used when the **rectum** is being completely or partially excised.

What does the operation consist of?

This is a long and challenging operation. A cut is made in the skin of the lower abdomen in the midline about 30cm (12 inches) long. The left side of the colon and the rectum are freed from the inside of the abdomen and pelvis.

The diseased part is cut out and usually the ends are joined together. The join (anastomosis) is technically challenging to make. Cunning stapling devices are often needed. The closer the disease is to the anus, the more likely it is that staplers will be required. Because there is a risk of the anastomosis leaking, the surgeon may choose to give you a temporary bag on your abdomen. This diverts the flow of faeces away from the anastomosis into the bag (ileostomy or colostomy). This allows the join to heal. The bag is reversed with another operation (a much lesser one) a few months later. Some cancers are so low that the surgeon needs to create a new reservoir of bowel in the pelvis to store faeces. This aims to prevent the patient from having to open the bowels too frequently. This reservoir is called a "colon pouch" and it is stapled onto the anus. Finally, the surgeon may have to choose to give you a permanent bag. This is usually predictable in advance and will have been discussed with you. But sometimes the surgeon is faced with a situation where a permanent bag was not predictable. For example, the surgeon recognizes that he cannot get all the tumour out unless he excises the anus aswell.

WHAT HAPPENS BEFORE THE OPERATION?

Reception

When registering at reception your medical aid details will be required. Your medical aid may require that you obtain an authority number from them for the hospital. Please check this. If you are not on a member of a medical aid you will be required to pay a deposit or to sign an indemnity form. As far as possible we will try to advise you about hospital costs before your admission.

Welcome to the ward

You will be welcomed to the ward by the nurses or the receptionist and will have your details checked. Some basic tests will be 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. The surgeon will have explained the operation and you will be asked to sign your consent for the operation. If you are not clear about any part of the operation, then read this again and then ask for more details from the surgeon or from the nurses.

Washing.

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

How long in hospital?

Usually you will feel fit enough to leave hospital after 10 to 14 days. You will be given an appointment for a check up about 1 to 2 weeks after your operation.

Sick notes.

Please ask your surgeon for any sick notes or certificates that you may require.

After you leave hospital.

You are likely to feel a bit tired and need rests 2 or 3 times a day for two weeks or more. You will usually be back to your normal activities in 4 to 6 weeks.

Lifting.

At first discomfort in the wound will prevent you from harming yourself by too heavy lifting. After two 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 month is 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 activities within 4 to 6 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.
find using a bedpan or a bottle difficult, the nurses will assist you to commode or the toilet.

If you still cannot pass urine let the nurses know and steps will be taken to correct the problem. If you have had a catheter in the bladder, you must pass urine after the catheter is taken out. If you can't, ask the nurses for advice.

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

5The physiotherapist will check that you are clearing your lungs of phlegm by coughing and that you are helping your circulation by movement of your arms and legs. Coughing, although uncomfortable, will not harm your wound.

The wound.

The wound has a dressing which may show some staining with blood in the first 24 hours. The wound is held together by stitches which are removed after 8-10 days, or absorb spontaneously. The dressing is usually removed after 1-3 days and replaced. This dressing is usually waterproof allowing you to shower.
Usually a plastic drain is used to drain excessive secretions from the pelvis. It may cause slight discomfort and is removed after a few days. There may be some purple bruising around the wound, which spreads downward 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. Occasionally minor matchhead sized blebs form on the wound line, but these settle down after discharging a blob of yellow fluid for a day or so.

Visit by the anaesthetist.

The anaesthetist who will be giving your anaesthetic will interview and examine you. He will be especially interested in chest troubles, dental treatment and any previous anaesthetics you have had.

Bowel preparation

It is important that the bowel is as clean as possible before the operation. You will be given detailed instructions in this regard before you go to hospital.

Shaving.

The operation area will be shaved to remove excess hair.

Timing of the operation.

The timing of your operation is pre-arranged 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.

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 the staff. You will be wearing a cotton gown, rings will be fastened with tape and removable dentures will be left on the ward. There will be several checks on your details on the way to the operating theatre where your anaesthetic will begin.

The operation is then performed. It lasts approximately 3-5 hours.

WHAT HAPPENS AFTER THE OPERATION.

Coming round after the anaesthetic.

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. Some patients feel a bit sick for up to 24 hours after operation, but this passes off. You will be given some treatment for sickness if necessary. You may be given oxygen from a facemask for a few hours if you have had chest problems in the past. You will be in the High Care Unit or Intensive Care Unit for the first few days.
You will be given salt solutions or blood down a plastic tube into an arm vein until you are drinking normally. (A drip)

You may have a fine plastic tube down the back of your nose to drain your stomach for a day or two. (A naso-gastric tube)

A tube (catheter) is put into your bladder to drain urine until you are more mobile. This may exit through the abdomen.

Will it hurt?

The wound is painful and there is discomfort on moving rather than severe pain. You may have a drip into your back (an epidural) to help control the pain. The anaesthetist will discuss this with you. You will be given injections or tablets to control this as required. Ask for more if the pain is still unpleasant. You will be expected to get out of bed a day or two after operation despite the discomfort. You will not do the wound any harm, and the exercise is very helpful for you.

Within a few days of the operation you should be able to spend most of your time out of bed and in reasonable comfort. You should be able to walk slowly along the corridor. By the end of one week the wound should be virtually pain free.

Drinking and eating.

You will be given fluids or blood down a plastic tube into an arm or neck vein until you are drinking normally. (A drip)
You may have a fine plastic tube down the back of your nose to drain your stomach for a day or two. (A naso-gastric tube)
A tube (catheter) is put into your bladder to drain urine until you are more mobile. This may exit through the abdomen.

The operation causes the bowel to stop working for several days. Until the bowel starts up again, you will be given water, salts and sugar solutions via the drip. 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 back passage. 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. You should be on a full diet within a week.

Opening bowels

It is quite normal for the bowels not to open for 4 or 6 days after the operation. Often there is diarrhoea for a while, but this settles down by itself. If you have a bag you will be taught how to look after it and empty and clean it.

Passing urine

There will be a drainage tube (catheter) in the bladder, so 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.

If you have not had a catheter it is important that you pass urine and empty your bladder within 6-12 hours of the operation. If you