

E-mail surgeons@surgcare.co.za
Web page <http://www.surgcare.co.za>

TOTAL COLECTOMY AND ILEOSTOMY

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) and fits in 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.

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 towards the back passage where it is called the rectum. If most of the colon is diseased it can cause diarrhoea, bleeding or general illness. It is better removed.

Sometimes the ends can be joined up inside your abdomen. More often, the back passage is not healthy enough to make a safe join and then the lowest part of the small bowel is brought out as a sort of spout (ileostomy) on the right side of the tummy. The bowel waste runs into a special bag stuck over the ileostomy.

What does the operation consist of?

A cut is made in the skin of the abdomen about 25 cm (10 inches) long. The

colon is freed inside your tummy. The diseased bowel is taken out and the lower end of remaining bowel is stitched shut. The upper end is opened as an ileostomy. The wound in the tummy is stitched up.

WHAT HAPPENS BEFORE THE OPERATION?

Reception

When registering at reception your medical aid details will be required. If you are not 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 read this again and then ask for more details from the surgeon or from the nurses.

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. He may put up a drip to give you fluid directly into your vein before the operation. He may be planning to use an epidural drip for pain control and will discuss this with you.

Diet

You will have your usual diet until the evening before the operation after which you will be asked to take only fluids. You will be given a laxative to drink to help to empty your bowel before the operation.

From 6 hours before the operation you will not be allowed anything by mouth. This will let your stomach empty to prevent vomiting during your operation.

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 3 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.

Work

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

Complications

Complications are seldom serious and are well known.

If you think that all is not well, please ask the nurses or doctors. Infection is sometimes a problem 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.

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.

General Advice

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

drain is used to drain excessive secretions from the wound. 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.

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 7 to 10 days. You will be given an appointment for a check up about a 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.

Shaving

You will be shaved from chest to thighs to prevent hairs affecting the wound. You will be washed with an antiseptic solution to kill the skin germs in the vicinity of the cut.

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.

Bladder catheters

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

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 ward 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 room where your anaesthetic will begin.

Coming round after the anaesthetic

You are unlikely to remember anything for several hours after the operation.

You will be taken to the Intensive Care or High Care Unit on a trolley and will wake up in a bed there. You will have sedatives to help you relax if you need them.

There will be lots of other tubes and wires connecting part of you to various gadgets. For instance, there will be a tube down the back of your nose to keep your stomach empty. There will be a tube in your bladder to collect urine. This may make you feel that you want to pass urine all the time, but the feeling will pass off.

You will have one or more plastic tubes in the veins of your arms and on the side of your neck to give you necessary liquids. There will be several wires attached to your chest to check your heart action. You will have a cuff on one arm, which squeezes automatically every few minutes to measure your blood pressure.

There will be several nurses working around you. They will talk to you and tell you what is happening and how you are doing, what day it is, what time it is, and what they are going to do next and ask you if there is anything you want in the way of pain relief, positioning, relatives, etc. You will be able to have visitors during this time.

You will have x-rays, physiotherapy and attention to your tubing and wires. As you improve the various tubes are removed so that after a day or two you will be able to go back to your original surgical ward without any tubing. By this time you should be starting to drink liquids. You should be on a soft diet within a week and onto a normal diet in two weeks.

Will it hurt?

The wound is painful and this may be controlled by an injection in your back called an epidural, which the anaesthetist will usually insert during or just before the anaesthetic. Ask him about this. You will also 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 after 2 days. You will not do the wound any harm and the exercise is very helpful for you.

The fourth day after operation you should be able to spend an hour or two out of bed. By the end of a week 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 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 (Function of the stoma)

It is quite normal for the stoma not to function for 3 or 4 days after the operation. When it does start to work a large volume of very liquid stool is common at first. This will usually thicken up gradually. You will be given various constipating agents to help this process. The Stomatherapist will help and advise you regarding the care of the stoma.

Passing urine

As there is a 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. Once you can walk about in reasonable comfort, the catheter is taken out. You must pass urine after the catheter is taken out. If you cannot, 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

The 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. The dressing is usually removed after 1-3 days and replaced. This dressing is usually waterproof allowing you to shower. Sometimes a plastic