

COLON SURGERY



The Surgical Clinic, P.L.L.C.

General, Vascular, Thoracic & Laparoscopic Surgery
Critical Care & Surgical Oncology

Patient's Name _____

INTRODUCTION

This booklet is designed for patients who need surgery for colon problems. It describes the function of the colon and discusses the symptoms of colon disease, types of surgery and risks of surgery. In addition, a description of your care before and after surgery and after you get home is included. If after reading this booklet, you have additional questions, please feel free to call your doctor's office.

WHAT DOES THE COLON DO?

If you are diagnosed with a colon problem, you may be wondering what the colon is and what it does. The colon (also called the large intestine or bowel) is a tube about 5-6 feet long located in the abdominal area (see picture). Its function is to remove the water and salts the body needs from the liquid waste thus forming stool. The stool is consolidated and stored in the colon and then eliminated via the rectum.

SIGNS AND SYMPTOMS OF A COLON PROBLEM

Sometimes a patient will have no symptoms of a colon problem. Or he/she may experience one of the following:

Changes in bowel habits

Unexplained weight loss

Abdominal and/or rectal pain

Bloody or tarry stools

Bleeding from the rectum

Unexplained tiredness

Prolonged constipation or diarrhea

Abdominal distension

COMMON COLON PROBLEMS

1. Polyps- A polyp is a tissue growth on the inside of the colon wall. They vary in size and shape and are often non-cancerous. However, if they grow, they are more likely to become cancerous.
2. Diverticulosis- This is a condition that occurs when small pouches form and protrude from the colon lining. When these pouches become inflamed, the condition is called diverticulitis. This can usually be treated without surgery, but surgery may be necessary if perforation, obstruction, or bleeding occurs.
3. Cancers- A cancer is abnormal cells that are growing out of control. They are usually the size of a quarter or larger and can grow into the colon lining. The earlier the cancer is detected, the greater the chance of preventing the spread of cancer to other parts of the body. This is referred to as metastasis.

TREATMENT

Once your tests have been completed, your doctor will recommend a plan of treatment. If a growth is present in the colon, surgery is usually recommended. Since the colon is about 5 feet long, removing a portion of the colon surgically does not cause loss of function. The remaining portion of the colon compensates for the section that was removed.

TYPES OF SURGERY

1. Colectomy- The goal of the surgery is to remove the diseased section of the colon. An incision is made in the abdomen and the diseased portion of the colon is cut out or resected. The two ends of the colon are joined together and closed (anastomosis) using stitches or staples. The remaining colon takes over the function of the missing colon.
2. Colectomy with colostomy- Sometimes it is not appropriate to reconnect the ends of the colon due to the location or type of disease process. In this situation, the surgeon will form a colostomy. A colostomy is an opening that is made to allow the intestinal wastes to pass from the colon to the outside of

the abdomen through a stoma. The stoma is created when the portion of the intestine is brought through the abdominal wall and sewn to the skin. A colostomy may either be temporary or permanent. A temporary colostomy may be created to allow the colon to heal until it can be rejoined a few months later.

BEFORE SURGERY

1. Your doctor will order a colon “prep” (laxative) to clean out your colon. This will probably start the day before surgery.
2. You will need to stay on clear liquids (NO SOLIDS) for a period of time before surgery. You will not be allowed to eat or drink anything starting at midnight the evening before your surgery.
3. You will be asked to sign a legal consent form that allows the doctor to perform the surgery. By signing the permit, you are indicating that you understand the reason for and the risks of the surgery (see below).
4. Your doctor will probably give you a prescription for antibiotics to take for 1-2 days prior to the surgery.

RISKS

As with all procedures, there is a certain amount of risk involved. The risks for this type of surgery include, but are not limited to, the following:

Bleeding	Infection
Problems from anesthesia	Injury to nearby organs
Problems with wound healing	Death
Heart attack	Ileus (lazy bowel)
Blood clots	Abcess
Injury to the ureter (tube that goes from the kidney to the bladder)	
Anastomotic leak (occurs where the ends of the colon are joined together)	

AFTER SURGERY

1. You may spend 3-7 days in the hospital after surgery depending on the type of procedure.
2. You may have a tube in your nose (nasogastric or NG tube) that drains your stomach for a few days and gives your colon a chance to rest.
3. You will receive fluids through an IV for a few days.
4. You may have a Foley catheter, a small tube in your bladder that drains your urine into a bag that is attached to your bed.
5. At first, you will not be able to eat or drink. As you improve, your NG tube will be removed and you will start on ice chips and sips of water and eventually progress to a soft diet.
6. You will usually get out of bed the day after surgery. Your activity will increase daily until you are able to walk up and down the hall.

ABOUT YOUR COLOSTOMY

As you will probably find, there are many people who have colostomies. Your training about your colostomy will begin before you are discharged. You may have a visit from an enterostomal therapist (ostomy nurse) who has special training in working with patients with ostomies. The ostomy nurse and/or your staff nurse will teach you and your family about your colostomy. Although managing your colostomy takes some time, it is no longer the burden it was in the past.

You will be taught about appliances to cover the stoma, how to perform skin care, control odor, care for the stoma and how to irrigate the colostomy, if needed. You should also be taught signs and symptoms of complications and dietary changes, if needed.

Adapting to a colostomy is a gradual process. You may have concerns about your body image, sexual activity and changes in lifestyle. These are normal responses.

Talk with your doctor, nurse and /or family members about your concerns. Above all, be patient. Adjustments to body changes always take time and a colostomy is no exception.

WHAT IF I HAVE CANCER?

If your tests or the surgery itself shows cancer, your doctor will discuss your options with you. You may need some additional tests to determine if the cancer has spread to other areas of the body. Your doctor may also recommend additional treatments such as chemotherapy or radiation to stop the spread of the cancer or lower the chances of it returning.

Chemotherapy is the use of drugs to destroy cancer cells throughout the body. Some side effects may occur. You may want to discuss this with your doctor. Radiation therapy is one of the oldest methods of cancer treatment. It uses high-energy beams of radiation to kill cancer cells in a specific area of the body. Side effects from radiation therapy are specific to the area that receives radiation.

SUPPORT GROUPS

If you have cancer and/or a colostomy, you may benefit from a support group. Check with your nurses and doctor for additional resources. Some hospitals or organizations have support groups for patients with new colostomies or patients with newly diagnosed cancer. Listed below are some organizations that may be of help to you and your family.

American Cancer Society
(800) ACS-2345
<http://www.acs.org>

International Association for Enterostomal Therapy
(714) 476-0268

Cancer Information Service
(800) 4-CANCER

United Ostomy Association
(800) 826-0826
<http://www.uoa.org>

AFTER YOU GO HOME

1. **Activity-** Walk several times a day, even if only a short distance. Gradually increase the distance you cover every day. Resume driving when instructed by your doctor. Climbing stairs is all right. If you work, discuss with your doctor when you may return to work. Your doctor will tell you if you have lifting restrictions.
2. **Diet-** Unless otherwise instructed, you may resume the same diet you had before surgery. You may experience some gas pains and other discomfort as your digestive system returns to normal. Your doctor may suggest that you eat a high fiber, low fat diet. If so, you should eat more whole grain breads and cereals, fruits and vegetables, brown rice, chicken and turkey.
3. **Medication-** Resume all previous home medicines unless your doctor tells you otherwise. You may be given a prescription for pain pills. Use them only when needed. Do not drive if you are using pain pills.
4. **Bathing-** You may shower unless you are told otherwise. You can wash over the incision with soap and water. Otherwise, keep the incision clean and dry. Do not apply cremes or lotions to your incision. Do not soak in a tub until the staples have been removed. You will be taught about caring for your colostomy before you leave the hospital.
5. **Return Appointment-** Your doctor will tell you when to return to his office for a check-up. Please call for a specific date and time.
6. **You may notice these after surgery-**
 - Mild bruising, numbness or swelling at the incision(s)
 - Decreased appetite for a few days or weeks
 - Incisional pain or soreness
 - Changes in bowel habits for a few days or weeks
7. **Call your doctor for-**
 - Temperature over 101 or persistent low grade temperature
 - Persistent nausea, vomiting or diarrhea
 - Excessive redness, swelling or drainage at your incision
 - Severe abdominal pain not relieved by pain medicine
 - Any other concerns related to your surgery

GENERAL

We want you to obtain the best possible results from your recent surgery.

Remember, as you attempt to resume your daily activities at home, you may feel weaker and tire more easily than you did in the hospital. This is normal. You have had a major surgery, and it may take several weeks before you begin to feel good again.

Well-meaning friends and relatives, or even other patients may tell you things that can be alarming and often inaccurate. Be sensible about this and get your advice from your doctor/nurse.

Date of surgery _____

Name of surgery _____

Specifics _____
