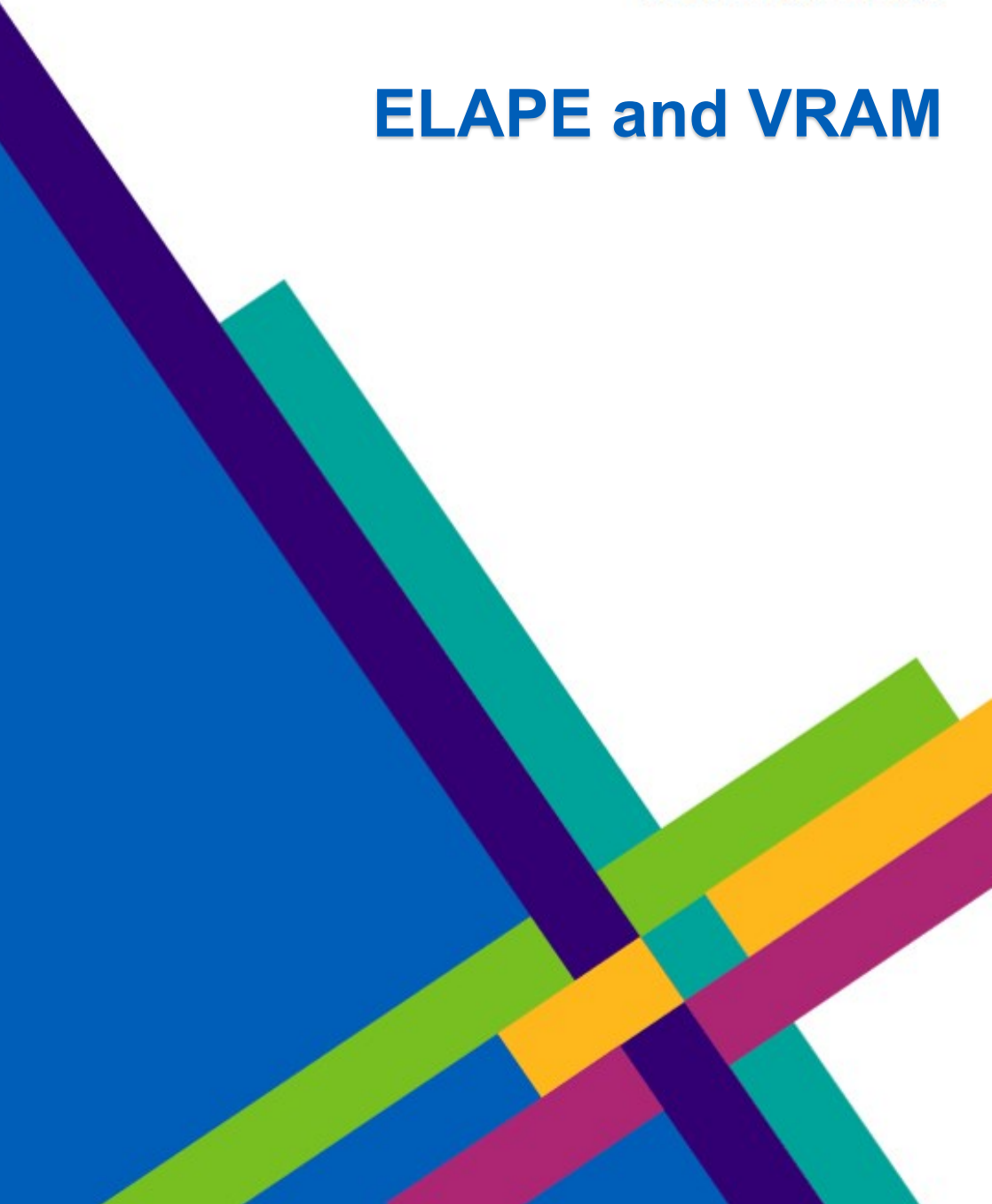




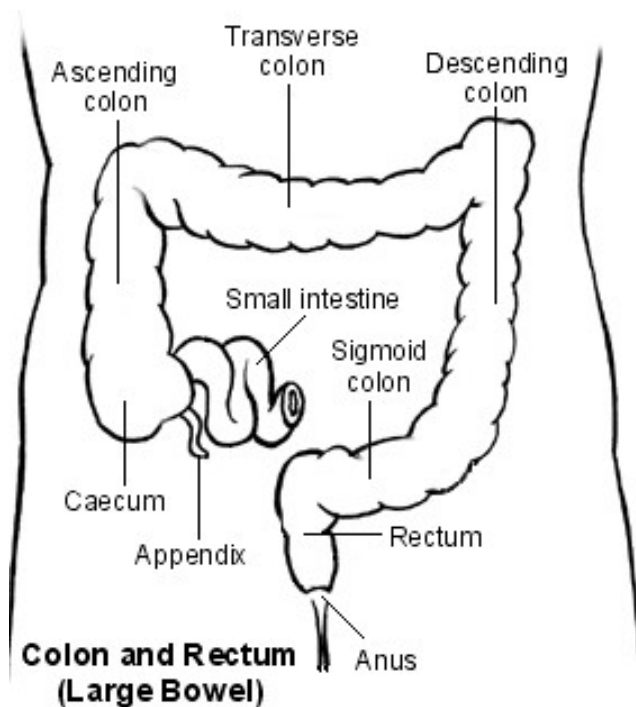
**Salisbury**  
NHS Foundation Trust

# ELAPE and VRAM



## Abdominoperineal excision of the rectum (ELAPE) with end colostomy and vertical rectus abdominus musculocutaneous flap (VRAM)

Abdominoperineal excision of the rectum with end colostomy and vertical rectus abdominus musculocutaneous flap (known as ELAPE +VRAM flap) is a procedure that involves removing the rectum and the anus (back passage) and the muscles that control your bowels.



*(The above image is courtesy of: University Hospitals Sussex NHS Foundation Trust.)*

### What is the colon?

The colon is also known as the large intestine or bowel. It forms the lowest part of the digestive system after the small intestine and it ends

with the rectum and the anus (back passage).

## **What happens during the operation?**

This operation removes your rectum and anal canal, including the blood supply and associated lymph glands. To do this part of the operation is performed through the abdomen (tummy), and the other through the perineum (around the anus). The area between the buttocks where your anus has been removed will be filled using some muscle, fat and skin taken from your abdominal wall by a plastic surgeon (known as vertical rectus abdominus musculocutaneous flap). A colostomy (stoma) will be formed for emptying your bowels.

If you are having this operation because you have cancer, the section of bowel that contains the cancer, along with the blood vessels and lymph nodes that has been removed will be sent to the lab for further investigation.

## **Preparation for surgery**

You may be given some high energy drinks to have the day before your surgery.

## **Will I have a stoma (ileostomy/colostomy)?**

Yes. Because the rectum and anus are removed, you have to have a stoma, in this case a colostomy. A stoma is an artificial opening of your bowel on the front of your abdomen, created during an operation, to collect faeces.

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. The stoma care nurses will visit most days

whilst you are in hospital to check your stoma and teach you how to care for it.

## **What can I expect after my surgery?**

At first you will be helped to do most things by the nurses because you will be on bed rest. You will be nursed from side-to-side in bed for the first 2 to 4 days; the nurses will need to check your flap at frequent intervals.

You will have 3 or 4 drains in your abdomen and flap (where the anus was). The plastic surgeon will tell the nurses when these can be removed. The nurses will check the drains at regular intervals to make sure they are working properly.

The plastic surgeon will check the flap and say when you can get up out of bed. The first time you get up you will be helped out of bed to stand/sit in the chair for 15 minutes.

This will be increased to 30 minutes, usually at mealtimes or to do your stoma care. As soon as you are able to go to the bathroom you will need to have a wash or a shower every day and this must continue when you get home.

## **Are there complications with this operation?**

This operation is in itself a significant undertaking and your body will be noticeably different to you afterwards. As with any surgery, there are additional risks associated with it. These risks are small and, on balance, much less likely to affect you negatively than the risk of doing nothing. However, this is a major operation and some people (less than 5%, or fewer than 1 in 20) do not survive the surgery.

Complications may occur, these can include:

- Bleeding;
- Infection (such as chest, urine and wound infections);
- Poor wound healing of the VRAM flap and in rare cases failure (death) of the VRAM flap;
- A temporary hold up of bowel function (ileus) which leads to bloating, nausea and sometimes vomiting;
- Injury to other organs within the abdomen (for example, the small intestine, ureter or bladder);
- Problems with your hearts, lungs or kidneys;
- Problems passing urine (though this is usually only temporary);
- A lack of sexual desire and, in men, a difficulty in achieving an orgasm and maintaining an erection (this can be permanent, but is also usually treatable);
- Deep vein thrombosis (blood clots in the veins in the legs);
- Pulmonary embolism (blood clots in the lungs).

You may also experience anxiety due to the whole situation, although we will do our best to help you through this.

## **Recovering after surgery on your bowel**

You will be able to eat and drink the day after your operation, and you will be encouraged to walk carefully around the ward as soon as the plastic surgeons are happy for you to do this. This will help you to get

better more quickly and avoid complications.

### **There are certain criteria you have to meet before you are able to be discharged:**

- Do you feel confident about discharge?
- Is your pain well controlled?
- Are you eating and drinking?
- Have you passed wind or had your bowels open?
- Are you passing urine normally?
- Are you able to wash, dress, make drinks etc?
- Is there any sign of wound infection?
- You are self-caring regarding the care of your stoma and feeling confident.

You will be discharged home when we are all happy that all the discharge criteria are met.

A lot of your recovery will take place at home and you should gradually increase the amount of activity and exercise you do each day, resting if you need to.

### **Results and follow up after surgery**

If the operation was done because you have cancer, the results from the laboratory are usually available approximately two weeks after surgery. These results are reviewed at the Multi-Disciplinary Team meeting and then discussed with you as soon as possible after this.

These results will indicate if any further treatment is required, such as chemotherapy.

If your operation was done for another reason your consultant will discuss your follow up care with you.

You will be seen regularly by the stoma care nurses and you can contact them if you have any concerns about your stoma.

### **Further information**

For any further information, please speak to your Colorectal Clinical Nurse Specialist on 01722 425 194 (direct line).

Alternatively you can contact your Stoma Nurse Specialist on 01722 429 256 (direct line).

