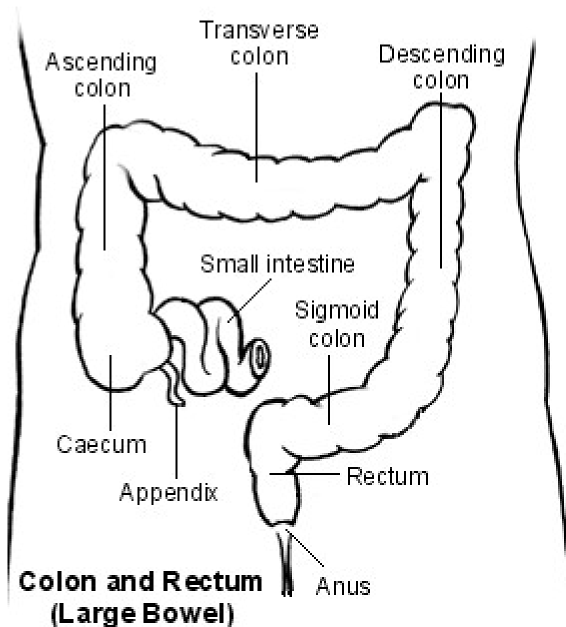
Salisbury
NHS Foundation Trust

Left Hemicolectomy

Left Hemicolectomy is an operation to remove the left-hand portion of the colon (approximately half the colon).

It is necessary to remove this much because of the way the blood supply supports the colon, rather than because the disease has spread.



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

What is the colon?

The colon refers to the large intestine or bowel. It forms the lowest part of the digestive system after the small bowel and it ends with the rectum and the anus (back passage).

What happens during the operation?

Your operation will be done either by laparoscopic (keyhole) surgery

using a few small incisions (cuts) and one slightly larger incision (to remove the piece of bowel) or by an ‘open’ operation where one long incision will be made in your abdomen (tummy). This surgery is most commonly performed laparoscopically but occasionally it is necessary to perform an open procedure. Each person's situation has to be looked at individually so your surgeon will discuss with you which operation you need.

After removing the portion of the colon (including any blood vessels and lymph nodes that supply this piece of bowel), the surgeon will join the two healthy ends of bowel together using a series of staples. This is called an anastomosis. 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, will be sent to the lab for further investigation.

If you have a laparoscopic (keyhole) operation

Your surgeon will make three or four small (one centimetre) cuts in your abdomen. They will put a telescope camera into one of these small cuts to show an enlarged image of the organs in your abdomen (on a television screen). The other cuts allow the surgeon to use special operating instruments. Your surgeon will make one of the cuts longer (8 to 10 cms) so they can remove the portion of the bowel they have operated on. Sometimes it is not possible or safe to finish the operation using laparoscopic surgery. If so, your surgeon will change to an ‘open’ operation and make a larger incision to deal with this.

Preparation for Surgery

It is likely, although not always the case that you will need to take

some medications to clear out the bowel in the 24 hours before your surgery. Laxatives and Antibiotics will be provided to you with instructions if you require them. You may also be given some high energy drinks to have the day before your surgery.

Will I need to have a stoma (ileostomy/colostomy)?

A stoma is an artificial opening of your bowel on the front of your abdomen, created during an operation, to collect faeces. It is unlikely that you will need a stoma.

Are there complications with this operation?

The risks of this operation are small and much less likely to affect you 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.

There are sometimes complications. These may include:

- Bleeding;
- Infection (such as chest, urine and wound infections);
- A leak from the anastomosis (the join where the bowel is connected back together);
- 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 (though this is usually only temporary);
- Deep vein thrombosis (blood clots in the veins in the legs);
- Pulmonary embolisms (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 bowel surgery

You will usually be able to eat and drink the same day as your operation, and you will be encouraged to sit out of bed and walk around the ward as much as possible from the day after your operation. 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 will be discharged home when we are all happy that all the discharge criteria are met.

It may be possible, if the discharge criteria is met, that you may go home the day after your surgery, however, this varies from person to person.

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 your operation was the result of having cancer, the laboratory results are usually available approximately two weeks after your operation. 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 for another reason, your consultant will discuss with you your follow up plan.

Further information

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

Notes:

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