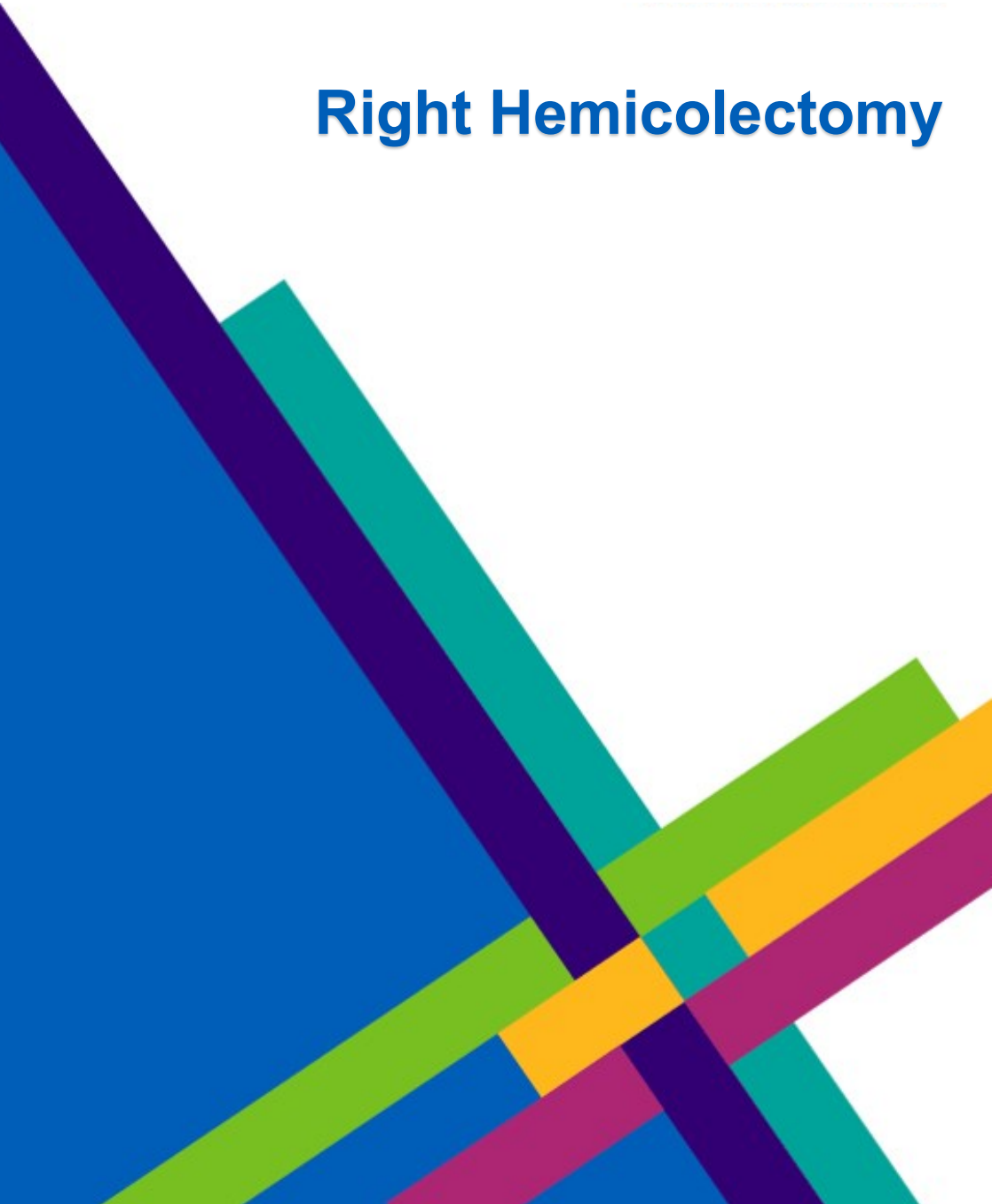




Salisbury
NHS Foundation Trust

Right Hemicolectomy

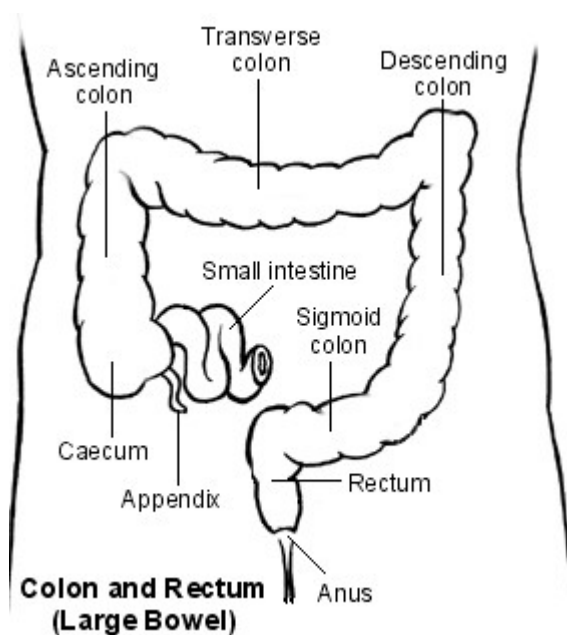


The operation is to remove the right-hand portion of the colon (approximately half the colon). This will include the caecum, ascending colon and a portion of the transverse colon.

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

What is the colon?

The colon is the name given 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).



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

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 is individual so your surgeon will discuss with you which way of operating is best for you.

After removing the portion of the colon (including the 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.

The laparoscopic operation

Your surgeon will make three or four 1 cm cuts in your abdomen. A telescopic camera will be put into one of these small cuts to show an enlarged image (on a television screen) of the organs in your abdomen. The other cuts allow the surgeon to use special operating instruments. Your surgeon will make one of the cuts longer (6 to 8 cms) so the diseased section of bowel can be removed.

If at any point it is not possible or safe to finish the operation by laparoscopic surgery your surgeon will change to an 'open' operation and make a larger incision to deal with this.

Will I need to have a stoma?

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

Are there risks or complications with this operation?

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;
- Deep vein thrombosis (blood clots in the veins in the legs);
- Pulmonary emboli (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 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 after surgery

If your operation was being done because you have 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 done 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).

