Subtotal Colectomy

Patient Information
Patient Information Sheet

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This leaflet has been designed to help you to understand what to expect when you are having an operation on your large bowel.

What is the Large Bowel (Colon)

The food that we eat travels from the mouth to the stomach where digestion begins. It then travels into the small bowel (ileum) where the nutrients are absorbed and the waste that is left moves into the large bowel (colon). The main function of the large bowel (colon) is to store waste until we need to go to the toilet. You can live a normal life with part or all of your large bowel (colon) removed.

Subtotal Colectomy

Your Surgeon will have discussed with you why you need to have this operation.

This operation can be performed in one of two ways either by laparoscopic method (keyhole surgery) or by laparotomy (open procedure). Your Surgeon and Specialist Nurse will provide you with more information

The operation involves removing the large bowel (colon). The rectum is closed with sutures and left inside the abdomen, this is known as a Rectal Stump.

The end of the small bowel (ileum) is brought out onto the surface of the abdominal wall this is called an Ileostomy. Your Specialist Nurse will discuss this you in more detail with the aid of diagrams.

This Ileostomy may temporary or permanent.

Some time later your surgeon may be able to perform a second operation to reverse the Ileostomy. Your Surgeon will discuss this with you.
The light shading area on the diagram marked with an arrow below, gives an indication of which part of the bowel is to be removed.

The Benefits of Surgery

The main benefits are to remove that part of the large bowel (colon) affected by disease and to relieve any symptoms you may be experiencing.

Your Surgeon will discuss with you your individual benefits from having this operation.

Are there any alternatives to surgery?

Your Surgeon will discuss with you the various treatment options that may be available to you, depending upon your underlying condition.

Surgery is usually recommended as the last treatment option, if all medical treatment has failed or if you have a life threatening condition.

The Risks of Surgery

This type of operation is classed as major surgery and as with any form of surgery, carries risks (including risk to life). Your Surgeon will discuss with you in more detail your individual risks.
All operations carry a risk from anaesthetics but this is minimised due to modern techniques. You will meet the Anaesthetist prior to your surgery who will explain in more detail, the type of anaesthetic you will receive and any individual specific risks.

Listed below are the common minor and major risks due to surgery and hospitalisation.

**Minor Risks – These risks are common**
- Urine infection
- Chest infection
- Wound infection
- Nausea and vomiting
- Paralytic Ileus (This is when the bowel temporarily stops working and is unable to absorb fluids/foods)

**Major Risks – These risks are rare**
- Deep Vein Thrombosis (DVT) - blood clot in the leg
- Pulmonary Thrombosis (PE) - blood clot in the lung
- Post-operative haemorrhage - bleeding in the abdomen
- Wound Dehiscence - abdominal wound opens
- Abdominal Collection - abscess in the abdomen
- Injury to the bladder
- Injury to the pelvic nerves that supply sexual function
- Injury to other organs such as the liver or spleen

Before and after your operation you will meet a number of healthcare professionals e.g. Physiotherapist, Anaesthetist, Pre-Assessment Nurse, Specialist Nurse, Surgeon. Their overall aim is to minimise any of the above risks from occurring and to promote self care and recovery, in order to reduce the time you need to spend in hospital.

**Formation of an Ileostomy**

To create an Ileostomy, the Surgeon makes an opening in the abdominal wall. The small bowel (ileum) is then brought out through that opening and stitched onto the abdominal wall. You will pass your bowel waste through the Ileostomy and it is collected into a pouch (bag) which is stuck onto your abdomen (tummy).
Before your operation the Specialist Nurse will mark your abdomen (tummy) with a skin marker pen, this is known as **Siting**. This is to guide your surgeon to the best possible place to bring out the Ileostomy.

Your Specialist Nurse will provide more information about an Ileostomy.

**Before the Operation**

You will be seen in the Pre-Assessment Clinic a few weeks before your operation, where routine blood tests and an ECG (tracing of the heart) will be carried out. If any further tests are required the Pre-Assessment Nurse will discuss this with you.

You are usually admitted to the ward the day before your operation.

With this operation you **will need** bowel preparation to clear out the large bowel (colon). More information will be provided on this.

You must drink plenty of fluids (water, juice or black tea/coffee).

The ward nurses will tell you when to stop drinking as you need to be nil by mouth prior to the operation.

After the operation you may go to the high dependency unit (part of the critical care unit) for your initial recovery. This may be for 24 to 48 hours.

**Contact numbers should you require further information:**

**Colorectal Nurse Specialist**  
Tel. No. 0191 4820000 bleep 2041  
(between 9.00 am – 5.00 pm)  
24 hour answer phone 0191 4453150

**Stoma Care Nurse Specialist**  
Tel. No. 0191 4820000 bleep 2059/3098  
(between 9.00 am – 5.00 pm)  
24 hour answer phone 0191 4453152
Addresses of support groups that may be of use to you:

**Beating Bowel Cancer**

39 Crown Road  
Twickenham  
TW1 3EJ  
Tel 020 8892 5256  

[info@beatingbowelcancer.org](mailto:info@beatingbowelcancer.org)  
[www.beatingbowelcancer.org](http://www.beatingbowelcancer.org)

**The National Association for Colitis and Crohn’s Disease (NACC)**

4 Beaumont House  
Sutton Road  
St Albans  
Hertfordshire  
AL1 5HH  
Tel 01727 844296  

[www.nacc.org.uk](http://www.nacc.org.uk)

**Core (Digestive Disorders Foundation)**

3 St Andrews Place  
London  
NW1 4LB  
Tel 020 7486 0341  

[info@corecharity.org.uk](mailto:info@corecharity.org.uk)

**Data Protection and the use of Patient Information**

Any personal information is kept confidential. There may be occasions where your information needs to be shared with other care professionals to ensure you receive the best care possible.

In order to assist us improve the services available your information may be used for clinical audit, research, teaching and anonymised for National NHS Reviews. Further information is available in the leaflet Disclosure of
All patient leaflets are regularly reviewed and any suggestions you may have as to how they any be improved would be valuable.

Please write to the Colorectal department, Hancock Building at the Queen Elizabeth Hospital or Telephone 0191 4453131

Acknowledgements: Diagram referenced to Dansac Ltd
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St Ives Business Park
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This leaflet can be made available in other languages and formats upon request