

Sigmoid Colectomy

Patient Information

Patient Information Sheet

Sigmoid colectomy

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 the waste until we need to go to the toilet. You can live a normal life with part or all of your large bowel removed.

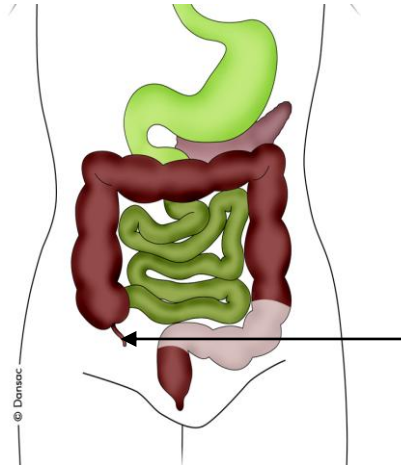
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Your Surgeon will have discussed with you why you need to have this operation.

This operation is usually performed by laparoscopic method (keyhole surgery). Sometimes it may be necessary to be performed by laparotomy (open procedure). Your Surgeon and Specialist Nurse will provide you with more information.

The operation involves removing the last part of the large bowel (colon) before the rectum and joining the two ends together (anastomosis). Your Specialist Nurse will discuss this with you in more detail with the aid of diagrams.

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 relieve any symptoms that 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 any 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 developed 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 more 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

Leak at the anastomosis - where the bowel fails to heal at the join

Wound Dehiscence - 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 spleen or liver

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 a stoma

With any surgery on the left part of the large bowel, there is a risk that the join (anastomosis) made by the Surgeon, may fail to heal properly during the recovery process. Therefore to protect this join and to allow it to heal part of the large or small bowel may be brought out onto the surface of the abdominal wall. This is known as a **Stoma**. Your surgeon will discuss with you your individual risk of having a stoma formed.

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 stoma if it is necessary.

Your Specialist Nurse will provide more information about a stoma.

Before the operation

You will be seen in the Enhanced Recovery Pre-Assessment (ERP) Clinic one to two 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 the day of your operation.

With this operation you **will require** 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 Pre-Assessment Nurse will tell you when you need to stop drinking, as you will need to be nil by mouth prior to the operation.

After the operation you may go to 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

(Monday to Friday 9.00 am – 5.00 pm)

Voicemail - 0191 4453150 (messages picked up Mon-Fri 9.00am-4.30pm)

Stoma Care Nurse Specialist

Tel. No. 0191 4820000 bleep 2059/3098

(Monday to Friday 9.00 am – 5.00 pm)

Voicemail - 0191 4453152 (messages picked up Mon-Fri 9.00am-4.30pm)

Out of hours

Critical Care Unit – 0191 4452008 or 4452007

Ward 27 (Level 2 - Peter Smith Surgery Centre) – 0191 4453044 or 4453005

Ward 9 - 0191 4452009

Ward 10 - 0191 4452010

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

www.beatingbowelcancer.org

Crohns and Colitis UK

4 Beaumont House

Sutton Road

St Albans

Hertfordshire

AL1 5HH

Tel 01727 844296

www.crohnsandcolitis.org.uk

All patient leaflets are regularly reviewed and any suggestions you may have as to how they may be improved would be valuable.

Please write to the Colorectal Department, Queen Elizabeth Hospital, Sheriff Hill, Gateshead NE9 6SX or Telephone 0191 4453151.

Acknowledgements:

Diagram referenced to Dansac Ltd
 James Hall
 St Ives Business Park
 Parsons Green
 Cambridgeshire

Data Protection

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 Confidential Information IL137, via Gateshead Health NHS Foundation Trust website or the PALS Service.

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Author:	Heather Wilson – Stoma Care Nurse

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