

Patient Information for Subtotal Colectomy and formation of Ileostomy

Introduction

Subtotal Colectomy and formation of Ileostomy is the name given to the operation to remove the diseased part of your bowel. The operation can be done in two ways.

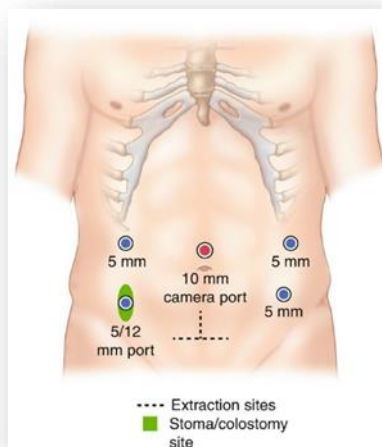
- It can either be performed in the traditional method of opening up the tummy from above your navel (tummy button) down in a straight line (approximately twenty centimetres in length). The wound will either be stitched, stapled, or glued back together at the end of the operation and will heal in ten to fourteen days in an uncomplicated case.
- Or the operation can be performed laparoscopically. The other names for laparoscopic surgery are keyhole surgery, minimal access surgery or minimally invasive surgery.

A laparoscope is like a thin telescope with a light source. The laparoscope is passed into the abdomen through a small incision (cut) in the skin often referred to as a port. It is used to light up and magnify the structures inside the abdomen. This is then connected to a television monitor so that the surgeon can see clearly inside the abdomen.

Fine instruments are then passed into the abdomen through three or four small incisions in the skin. These instruments are used to lift, cut, and take a biopsy from inside the abdomen. The decision of which method is used to perform your operation will always be made with your best interests in mind and discussed with you. However, occasionally it is necessary to abandon laparoscopic surgery and open the abdomen if it becomes difficult to proceed safely with laparoscopic surgery.

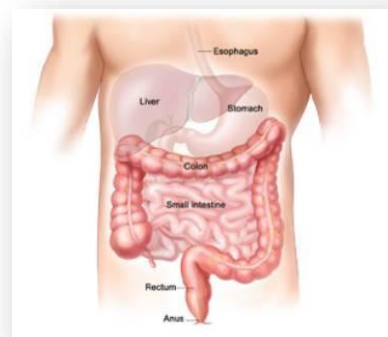
Common advantages are:

- Less postoperative pain
- Generally shorter hospital stays
- Faster return to solid-food diet
- May result in a quicker return of bowel function
- Quicker return to normal activity
- Improved cosmetic results
- Less chance for developing an incisional hernia or adhesions
- Lower rates of wound infection



The Large Bowel

The large bowel (intestine or colon) is approximately 1.5 metres long. This part of the digestive tract carries the waste from digested food from the small bowel and gets rid of it as waste through the opening in the back passage (anus).



Subtotal Colectomy and formation of Ileostomy

The aim of the surgery is to alleviate you of your symptoms and help you get better.

The large bowel is removed from where the small and large bowel joins all the way round to your back passage (rectum). The end of the small bowel is then brought out through the abdomen and stitched onto the tummy. This is called an ileostomy (stoma) and it drains the waste from the bowel into a stoma bag. The waste from this part of the bowel is more liquid than waste from your bottom. Some of your back passage will be left in place to allow you to have reconstructive surgery (Ileo-anal pouch) at another time if that is what you choose. Reconstructive surgery would allow the ileostomy to be closed.



You will see the specialist stoma nurse before your surgery for information and advice about the ileostomy. We understand this is a difficult time for you, but we are here to help you.

Risks of this operation

Any operation carries a risk, the risks of all operations include:

- Chest Infection- This would require antibiotics and physiotherapy
- Blood Clots in the legs (deep vein thrombosis) or in the lung (pulmonary embolism). We decrease this risk by using elastic stockings and blood thinning injections.

- Anaesthetic- This operation is carried out under a general anaesthetic (you will be asleep). If you are at increased risk because of other medical problems, you may have your consultant will refer you to an anaesthetist for a formal assessment.
- Bleeding- This can occur with any operation
- Patients who are very overweight, smoke or have other medical problems are at increased risk of all these complications.

The risks of this operation also include

- Wound breakdown- The wound on your tummy and around your stoma can break open often due to medication you have been receiving to help control your bowel problem. This would be treated by regular dressings
- Increased risk of infection because the bowel is an organ that is full of bacteria. This may be in the form of a wound infection or an infection inside the abdomen in the form of an abscess

Antibiotics are given to help control the infection and sometimes drainage of an abscess is necessary

- Bowel stops working- (postoperative ileus) This is temporary but can cause bloating of the tummy and sickness
- Ileostomy -There are some associated risks with having a stoma. They are, hernia formation around the stoma, retraction of the stoma, prolapse of the stoma and skin irritation around the stoma. The stoma specialist will discuss all of these with you before your surgery

Risks of not having the surgery

Just as there are risks of having surgery there are also risks of not having surgery. These include symptoms such as pain, bleeding and diarrhoea becoming worse, and your bowel could even burst which could lead to further complications and may need surgery.

Preparation for Surgery

Your letter will inform you when you must stop eating and drinking in preparation for your anaesthetic. The stoma nurse will see you at this point and discuss with you where the stoma would be placed on your tummy. It is important to mark this position with a pen to make sure the stoma would be placed in a suitable position for you to manage. If you have been told you are to follow the enhanced recovery programme, please read the enhanced recovery information sheet as some information will be different. Enhanced recovery is a way of preparing you for surgery so that your stay in hospital is as short as possible.

After Surgery

The recovery period after bowel surgery varies. It usually involves a stay in hospital from three to fourteen days (in uncomplicated cases) depending on whether you had open or laparoscopic surgery. Immediately after your operation the following tubes may be in place to help us care for you:

- Pain control will be administered through either an epidural (tube into your back) or a drip (tube into the veins on your arm). This will help you move around more freely. As you recover these will be removed and pain killers will be given in the form of tablets. The pain gradually eases, particularly once you are up and moving around
- Fluids in the form of a drip in your arm will keep you hydrated until you are able to drink freely
- A catheter (tube to your bladder) will drain your urine into a collection bag so we can accurately measure the amount
- A drain into your tummy-this is a tube to drain fluid away from the area where the bowel has been joined. This will be removed when it finishes draining usually within two to five days. These tubes will be removed as soon as possible depending on your recovery. The nursing staff will help you get you out of bed as soon as possible after the operation, being mobile helps to reduce the risk of complications from the operation

Diet

You may be able to eat during the first few days of recovery, but your appetite will probably be reduced. It is important to eat small frequent amounts of easily digested food. The nurse specialists can give you specific advice during this time. Meals can be supplemented with nourishing soups and snacks and high energy drinks. The body requires lots of calories during the healing process. The stoma nurse will give you detailed dietary advice.

Bowels

The bowel may take a little while to recover and you may still have the sensation that you need to go to the toilet in the normal way. This is usually temporary but can take some time to settle down. It is normal for the bowel to take some time to start working after an operation but passing wind is a sign that your bowel is starting to work again. The stoma nurse will give you advice on how much output is normal and how to help reduce the amount if necessary.

Exercise

You will be encouraged to get out of bed the following day and you will be seen by a physiotherapist who will help you do this. You will be wearing elastic stockings to reduce your risk of a blood clot but moving around will also help. The physiotherapist will also give you deep breathing exercises as this will help prevent chest infections. Lifting after abdominal surgery is not recommended for approximately four weeks after your operation. The stoma nurse will give you detailed advice on lifting.

Stoma Care

The stoma nurse specialist will see you regularly to give you help and advice on how to manage your stoma and you will be given all the equipment you need to do this. You have to be able to manage your stoma without help before you can be discharged home. The stoma nurse will also visit you at home within a few days after discharge to monitor your progress.

Driving

Check with your insurance company about any exclusion they may have. This includes being under the influence of some pain medication. You must be able to perform an emergency stop, and you are not excluded from wearing a seat belt.

When you go home

When you go home you may find that on some days you feel better than on other days. It is quite normal to have 'good' and 'not so good' days. However, it is important to contact my team if any of the following occur:

- Discharge or leakage from the wound or drain site
- High temperature
- Uncontrolled shivering/feeling hot then cold
- Pain when passing urine/frequent need to pass urine or very offensive smelling urine
- Difficulty with breathing, chestiness, or cough with green or yellow phlegm
- Pain in the calf, leg, or chest
- Abdominal pain which is different from the usual post-operative soreness
- Bleeding from the back passage
- Vomiting

Results of your Operation

The piece of bowel that is removed is sent to the laboratory for detailed testing. The results will take ten to twenty days to be processed and a report will be sent to your consultant. Your consultant or nurse specialist will then arrange an appointment to discuss with you the results.

A guide for Patients with Ileostomy or Colostomy

Strict dietary restrictions are not generally required after an ileostomy; however, some general dietary guidelines do apply:

- Immediately after surgery (for about 2 weeks), you should eat a diet that is low in roughage to allow the intestine time to heal and to prevent blockage due to swelling. Foods with roughage include whole grains, raw vegetables, and fresh fruit. This is a temporary limitation.
- Eat meals at regular times, eat more slowly and chew well. These efforts help your remaining intestine digest and absorb food, reduce gas, improve regularity, and control output.
- With time you will find that you can resume a more normal diet and you will learn which foods tend to be constipating, which may have more of a laxative effect, and which cause stool to change colour, or cause gas or odour. This varies according to the individual and the length of small intestine remaining.
- If your stool is very thick (constipated), some dietary changes may help. Stool thinning foods may include grape juice, apple juice and prune juice. Be cautious with foods that are constipating. For some people that includes apple, banana, cheese, potato, pasta, and rice.

It is very important that you stay well hydrated while you have a temporary ileostomy. You can become dehydrated if the amount of stool you are making is more than what you eat or drink. Drink 8-10 glasses of liquids a day.

Call us if you have any of the following signs or symptoms of dehydration:

- Excessive thirst
- Dry mouth
- Dry skin
- Fatigue
- Loss of appetite
- Feeling dizzy when you stand
- Headache
- Leg cramps

While you have a temporary ileostomy, you are at risk for having a bowel obstruction. A bowel obstruction happens when the intestine is partly or completely blocked. The blockage prevents food, liquids, and gas from moving through the intestines in the normal way. The blockage can be caused by food, scar tissue, or a twist in the intestine.

Call us if you have any of the following signs or symptoms of a bowel obstruction:

- Tender and bloated stomach
- Abdominal cramping
- Nausea or vomiting
- Decreased or no output from your ileostomy