Patient Information Leaflet

Large Bowel Resection

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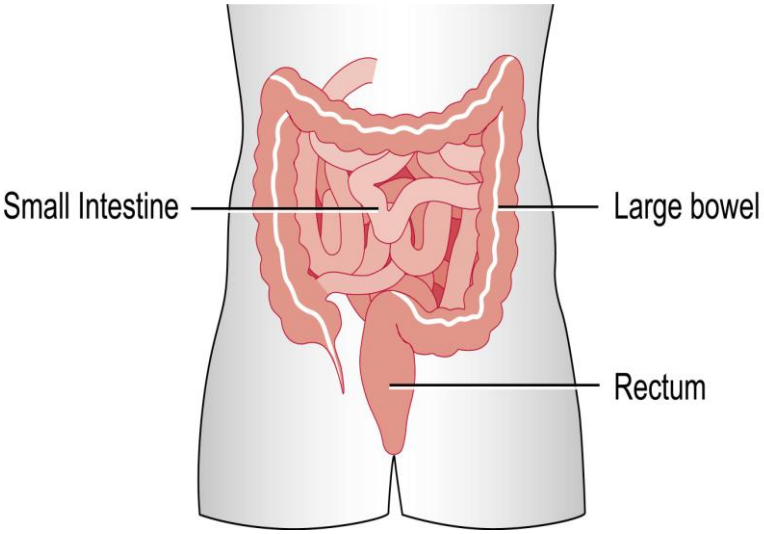
What is the large bowel?

The large bowel (also called the large intestines or colon) is the last part of the intestines. The food we eat travels from the mouth to the stomach where digestion starts, and then through the small intestines where it is broken down and all the goodness and nutrients that the body needs are absorbed into the blood stream. What is left, the waste products that the body cannot use, passes from the small bowel into the large bowel.



About 500 - 1000mls (one to two pints) of waste, the consistency of thick pea soup, enters the large bowel each day. The colon runs up on the right side of the abdomen (the "ascending colon"), across the abdomen (the "transverse colon") and down the left side (the "descending colon"), ending in a wider portion called the rectum. The rectum is the storage organ at the end of the bowel.

It is the job of the large bowel to absorb fluid from the waste it receives, so gradually forming it into bowel motions (also called stools or faeces) and to store those stools until it is socially convenient to empty the bowel. The lower end of the bowel is usually empty, except for occasionally when a large pressure wave, or mass movement, propels the stool into the rectum. This mass movement is often stimulated by activity or eating (especially eating breakfast, which for many people is followed by an urge to empty the bowels). There is a great variation in bowel activity between people with normal bowel function. Some people always open their bowels several times per day; others only ever go once every two or three days, or even less often. Either can be normal, as long as the bowels are easy to empty and there is not excessive urgency or hurry to go.

What is a large bowel resection?

A large bowel resection is an operation to remove all or part of the large bowel because it is diseased or not working properly. The bowel is like a hollow tube. The surgeon will cut out part of the bowel and staple (or occasionally sew) the remaining ends together (sometimes called an "end to end anastomosis"). The amount of bowel removed can vary a lot, depending on the reasons for the operation.

What preparation is needed before the operation?

The pre-operative preparation can be divided into two categories:

- physical preparation
- psychological preparation

Physical preparation
Before you come into hospital for your operation, you should keep up your calorie intake and try to ensure that you have good levels of activity, such as a thirty minute walk every other day – as your health allows. It aids your post-operative recovery if you are physically as well as possible before the operation.

You will be asked to attend a pre-operative assessment in the outpatient department a few weeks before your admission date. During this appointment, blood will be taken for routine tests and you will be asked some questions about your general state of health, usually by both a nurse and a doctor. A surgeon will discuss your operation and you will be asked to sign a consent form, on the morning of your operation. It is important that you fully understand what operation is planned and what the likely benefits and possible side-effects are. You will be assessed physically to understand your needs and plan your care accordingly. This is a good time to discuss any further questions that you have about the operation.

On admission to hospital, you will usually be admitted to the theatre admissions unit. During this time you may meet other health care professionals such as the anaesthetist. The anaesthetist will check that you are fit for an anaesthetic and discuss suitable pain relief for you after the operation.

Usually you can eat until six hours before the operation. You can drink clear fluids until three hours before the operation. You may also be given two carbohydrate drinks to take the morning of your operation. You must not eat or drink anything for two hours before your operation.

In some cases your surgeon may give you some medicine to empty your bowels (bowel preparation). If you are asked to take this laxative, you will usually experience some abdominal cramps and have your bowels open several times very urgently – so make sure you know where the toilets are! In other cases your surgeon may decide that your bowel does not need preparing in this way. In this situation you may have an enema in order to empty the last part of the bowel or nothing at all. This will depend on the type of operation that you are having.

You will usually be given some elasticated stockings to wear during and after the operation. You will also be given a small injection in your arm once a day. Both of these measures help to prevent blood clots in your legs.

Psychological preparation
Your psychological preparation starts in the outpatients' clinic when the diagnosis and choices of treatment are discussed with you. It may be appropriate to include any relevant family members as you wish. This will help to reassure you and aid your recovery.

What will happen when I come back from the operating theatre?
On return to the ward you may feel quite sleepy but will be aware of the drips and drains that are present. You may have a dressing over the surgical wound on your abdomen. The nurse will replace the dressing as necessary. A drip will be placed in your arm in order to maintain your hydration and give you some energy. A catheter is placed into your bladder in order to drain urine away. This is so the nurse can

monitor your fluid balance to ensure you remain hydrated. Your abdomen may feel tender and swollen.

We will aim for you to be as pain free as possible. Some discomfort is to be expected, particularly when getting in and out of the bed or chair. The first time you will be helped by the physiotherapist or the nurse. You can ask the nurses or physiotherapist to show you the easiest way to get in and out of bed. Painkillers will usually be given continuously via a pump during the first few days after your operation. Please discuss with your nurse if you feel that your pain is not well controlled.

We will usually get you up into a chair the first day after your operation, for some people the same day of the operation. This is to help get your circulation moving. The stockings on your legs may feel hot, but they are very important to help to prevent blood clots. While you are in bed it is a good idea to point your toes up and down and to gently exercise your legs. You should sit up rather than lying flat and take six deep breaths an hour, expanding your chest as fully as possible. The physiotherapist will probably visit you and show you some chest exercises and make you cough any phlegm up off your chest. You can cuddle a towel or use small pillow across your abdomen for support when coughing. If deep breathing is painful you should discuss pain relief with your nurse.

Most patients will be allowed to drink as soon as they feel able to after their operation and possibly starting to eat again the day of surgery. Your individual surgeon will advise you when and how much you can safely eat and drink. If you feel sick medicines can help so ask your doctor. General advice is regular drinks, with small, frequent meals are better tolerated after your operation. Once you are drinking normally (over a litre per day) and you have no sickness or hiccups, the drip will be removed. This is often the day after surgery.

You may find that you have a sore throat or husky voice for a few days after the operation. This is because the tube used to help you breathe during the operation often bruises the delicate skin in your throat and vocal chords.

You can have a bath or shower as soon as you feel able, often within a couple of days of the operation. You are bound to feel a little wobbly at first, so ask for help if you need it, or at least let your nurse know where you are going, and use the nurse call button if you need to.

At first you may need a little help from the nurses. The amount of nursing care you receive generally decreases as you become increasingly independent. The urinary catheter will usually stay in your bladder for 1-3 days until you are able to get to the toilet yourself. If you have stitches or clips, these will generally be taken out after about 10 days.

It can be difficult to sleep well in hospital due to the change of surroundings, the need for observation and the tubes attached to you. Some patients also experience strange dreams in the first few nights after the anaesthetic. You should find that your sleep improves after the first week or once you have returned home. In the first few days you may feel tired and may want to request that only close family and friends visit, and to keep visits quite short.

When will my bowels start to work again?
Your bowels will usually start to pass wind and stool after two or three days. You may well not, this is not a cause for concern.

How long will I be in hospital?
You will usually stay in hospital for 3 to 7 days after the operation, but this can vary a lot between individuals. If you go home early we will arrange for a district nurse or the practice nurse at your GP's surgery to take out any stitches or clips, if needed.

How long should I stay off work?
The time taken to get back to normal activities varies a lot for different people. Do as much as you feel comfortable doing. If you need to take painkillers these may make you drowsy, so you should avoid driving or operating machinery. You should be careful of lifting for three months. If lifting causes you discomfort you should avoid it. You should not drive until you feel confident that you could manage an emergency stop.

Most people need about four weeks off work. This will depend a little on what you do and it is important for you to pay attention to your body. It is important to balance resting with doing much as you feel able to do and exercising enough to regain your strength and confidence.

It would be unwise to go swimming until the area has completely healed and this is quite strenuous so should not be undertaken for a couple of months. You can resume sexual activity as soon as this feels comfortable. If you have problems with sexual intercourse please discuss this with your GP or surgeon in clinic.

Eating and drinking
You may find that you do not have much of an appetite at first. There are no hard and fast rules about what you should or should not eat. The old saying "a little of what you fancy does you good" is a good one to follow. Eat what you feel like, little and often is usually better than large heavy meals. Food with a low residue (low fibre) and easily digested is usually best at first. You may find that spicy food and a lot of salad or fruit will upset you. It may be a case of "try and see" with certain foods. Try to keep up your energy levels by having a good calorie intake. It is quite common to lose a little weight. Try to drink at least six to eight cups of fluid per day.

Getting back to "normal"
Having an operation can be a stressful experience, physically and emotionally. In the first weeks at home you may have some days when you feel quite low and this is normal. Some people find that it can take some months to adjust emotionally to the surgery. When you first go home you are likely to feel tired and unwell for a while. Things will get better. Some people report that it takes them 3 to 6 months to feel completely back to their normal selves, others recover much more quickly. It is common to feel a bit low in the first weeks and to become frustrated that you cannot do everything that you would like to do. Be patient!

Are there any long-term effects of the operation?
To start with your bowel actions are very likely to be loose, unpredictable and quite urgent. It can take several months for this to settle and for you to develop a predictable

pattern. Your bowel function is unlikely to be exactly the same as it was before your operation, so your expectation of what is “normal” for you may need to be adjusted. If a large portion of the colon has been removed then your stool may always be looser, as less water will be absorbed from it. It takes time for the bowel that remains to compensate for that which has been removed, and it may never completely do so.

If diarrhoea becomes a persistent problem, discuss this with your doctor. There are medicines which can help firm up the stool and some people do need to take medicine on a permanent basis.

What should I do if I want further information?
If you have a problem or any questions immediately after you go home please call Frederick Salmon ward. If a problem occurs after your clinic appointment, please contact your own family doctor or district nurse for advice.

Contact details:

St Mark’s Hospital, Watford Road, Harrow, Middlesex HA1 3UJ

Frederick Salmon Ward South	020 8235 4022
Frederick Salmon Ward North	020 8235 4191
Robert and Lisa Sainsbury Wing	020 8869 3399
Appointment queries	020 8235 4061

www.stmarkshospital.org.uk

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