



ABDOMINAL PERINEAL RESECTION

Patient information Leaflet

June 2020

WHAT IS AN ABDOMINAL PERINEAL RESECTION?

This is an operation which involves removing the lower end of your large bowel along with the back passage. It is performed if there is a growth that is very low in the back passage. This stops the surgeon from joining the bowel ends together. The upper part of the bowel will be brought out onto the surface of your tummy usually on the left hand side. This is called a stoma. The waste matter that would normally come out of your bottom will pass out of the stoma and into a bag that is placed over the stoma. The back passage is completely removed and sewn together with stitches.

This operation can be performed in one of two ways either by laparoscopic method (keyhole surgery) or by laparotomy (open procedure). A laparotomy involves making a large cut in the abdominal wall which allows the surgeon to operate on the bowel. Laparoscopic surgery is completed using a system of telescopes inserted through three or four much smaller cuts in the abdomen. After either procedure you will also have a wound in the area where your back passage was.

Your nurse specialist will be able to give you more information.

WHAT ARE THE BENEFITS OF HAVING AN ABDOMINAL PERINEAL RESECTION?

The operation is designed to remove the growth in your bowel along with the back passage to relieve your symptoms.

WHAT ARE THE RISKS INVOLVED IN HAVING AN ABDOMINAL PERINEAL RESECTION?

Please be sure to ask any questions you may have when you see your consultant or nurse specialist. It is important that you know about, and accept, any possible risks before you sign your consent form.

Abdominal perineal resection is a major surgical procedure which carries the risk of complications.

General complications due to this surgery include:-

Infection in the wound or pelvis.

Bleeding from the wounds or operation site.

Breakdown of the surgical wounds especially in the perineal wound (where the back passage was).

Chest infection

Deep vein thrombosis (Clots in the veins of the legs)

Pulmonary embolism. (If the clot moves it can travel to the lungs)

Specific complications from this type of surgery are –

Damage to the bowel

Damage to the tubes that bring urine from the kidneys to the bladder (ureters).

Injury to the bladder. This may lead to alteration in how the bladder works.

Bruising or damage to the pelvic nerves. This can have an effect on sexual function.

LONG TERM SIDE EFFECTS

Some people may have changes in how the bladder works and also have changes to sexual function. (This will be discussed with you prior to your operation).

WHAT ARE THE ALTERNATIVES

There are no other surgical alternatives to this procedure

HOW LONG WILL I BE IN HOSPITAL FOR?

You will probably be in hospital between three to five days if you have the keyhole procedure but it may be longer if you require the open procedure.

WHAT HAPPENS BEFORE MY 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 may also be seen in the Enhanced Recovery Clinic if your surgeon feels this may benefit you. Enhanced Recovery is a program of diet and exercise, which prepares people for surgery and reduces side effects after the operation, as well as reducing the length of time spent in hospital. You would be given further information about enhanced recovery when you attend the clinic.

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

The day before your operation you may be given some medicine to drink that will clear out your bowel or you may be given a phosphate enema to clear out your lower bowel prior to your surgery.

If you have a full bowel clear out you will only be allowed to drink clear fluids and you will not be allowed to eat any solid food. Some patients may require a drip.

An anaesthetist will visit you and discuss your anaesthetic and the various methods of pain relief. Some patients may also see an anaesthetist before coming into hospital.

Your stoma nurse specialist will visit you and mark the best place on your tummy for the stoma to be formed (i.e. where the bag will be positioned).

WHAT HAPPENS AFTER MY OPERATION?

Dependant on whether you have open or keyhole surgery, after the operation you may have some or all of the following:

- A wound(s) on your abdomen and a wound where your back passage was, closed with stitches or clips and covered with a dressing.
- A venflon into a vein (a small plastic tube) to give you fluids and medicines.
- A urinary catheter. (A tube inside your bladder to keep it empty.)
- You may have a drain in your abdomen and in your bottom. This is a tube that drains away any oozing fluids from around the operation site inside your body.
- You may have a fine tube in your neck which can be attached to a machine which can measure the amount of fluid being put into your body accurately.
- You may have an epidural (a fine tube in your back), this is attached to a machine that will give you pain relieving medicines.
- You may have a syringe pump attached to a plastic tube in your arm which will give you pain relieving medicines.
- A clear drainable bag will be placed over your stoma.

As a response to the surgery your bowel will take time to adjust and may even stop working for a few days. Your surgeon will decide how much food and drink you

should be offered during this period. Patients are generally offered a light diet as soon as possible after surgery to help stimulate the bowel and the nurses will offer advice on what foods are appropriate.

You may feel weak after the operation. The nurses on the ward will support you to wash, dress and get out of bed. The nurse and the physiotherapists will also help you to move around and walk as soon as possible after the operation. In the days following the operation the stoma care nurse specialist will visit you and show you how to care for your stoma.

GOING HOME

You will be given an idea of the date you will be going home so that you can make arrangements with friends, relatives or carers.

You should ask someone to collect you from the hospital.

You will be sent an outpatient appointment through the post.

You may be prescribed medication to take home with you.

You may still have stitches or clips to your wound. If so we will arrange for a district nurse to see you at home or at a special clinic in your local area.

Some patients may require special arrangements before going home. This means that they may be in hospital for a little longer.

We advise that patients consider what help they may need at home after the operation and make appropriate plans where possible. Your specialist nurse will be able to give advice.

The stoma care nurse specialist will also visit you at home to provide tuition and advice about caring for your stoma.

WHEN WILL I BE ABLE TO DRIVE A CAR?

You can usually drive six weeks after your operation if it is an open procedure, earlier if keyhole surgery has been performed. You must be able to perform an "emergency stop". Please check with your insurance company.

WHEN WILL I BE ABLE TO RETURN TO WORK?

This will depend on the type of work that you do. You may require approximately three months off work after open surgery, but this will be less after key hole surgery. Please contact your GP before your return to work.

WHO SHOULD I CONTACT IF THERE IS A PROBLEM FOLLOWING MY OPERATION?

If you have any problems concerning your surgery please contact your GP or the colorectal nursing team on 0161 922- 4419.

If they are unavailable please contact the hospital on 0161 922 6000 and ask to be put through to the ward you were on.

SOURCE

In compiling this information leaflet, a number of recognized professional bodies have been used, including NHS Direct and the Association of Coloproctology. Accredited good practice guidelines have been used.

If you have any questions you want to ask, you can use this space below to remind you

If you have a visual impairment this leaflet can be made available in bigger print or on audiotape. If you require either of these options please contact the Patient Information Centre on 0161 922 5332

If you require an interpreter, please ask an appropriate person to contact our central booking office between Monday to Friday 8am to 5pm on 0161 922 6991 to arrange this for you.

語言 翻譯及病者支持服務 (LIPS):

如果閣下需要翻譯員在您的預約當日幫助您的話 請找一名合適的家庭成員 0161 922 6991 聯絡本中

央預約辦事處來您您安排 我們的辦公時間是星期一至星期五 上午 8 時至下 午5時

Językowo Tłumaczeniowa Usługa Pomocy dla Pacjenta (Language, Interpretation and Patient Support Service LIPS):

Jeśli potrzebujesz pomocy tłumacza w trakcie swojej wizyty, proszę poprosić odpowiedniego członka rodziny o skontaktowanie się z Centralnym Biurem Zamówień (Central Booking Office), w celu zorganizowania tłumacza pomiędzy poniedziałkiem a piątkiem w godzinach od 08:00 - 17:00 pod numerem 0161 922 6991.

لیٹنگ، انٹرپرائٹیشن اینڈ پیٹینٹ سپورٹ سروس (Lips)

اگر آپ کو اپنی اپائنٹمنٹ کے لئے مترجم کی مدد کی ضرورت ہو تو براہ مہربانی اپنے خاندان کے کسی موزوں فرد سے کہیں کہ وہ ہمارے سنٹرل بکنگ آفس سے پیر سے جمعہ 8.00 بجے صبح سے 5.00 بجے شام کے دوران 0161 922 6991 پر فون کر کے اس کا بندوبست کریں۔

Document control information

Author: Carol Cunningham. Colorectal Specialist Nurse
Division/Department: Elective services, Colorectal
Date Created: May 2015
Date Reviewed: June 2020
Version: 5.0