



ANTERIOR RESECTION

Patient information Leaflet

June 2020

WHAT IS AN ANTERIOR RESECTION?

This is an operation that is designed to remove part of your lower large bowel and then join the bowel ends back together again. This is called an anastomosis. It can only be done if there is a good length of bowel to join the ends back together again. If the growth in the bowel is too low then the anastomosis is not possible. If this happens then the upper part of the bowel will be brought out onto the surface of your abdomen where it will be stitched. 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 where it will be collected.

There is always a possibility of a stoma when operating on the left side of the bowel. Sometimes this is done to rest the join in the bowel. Once the join has healed the stoma is closed. This requires a second operation at a later date.

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

WHAT ARE THE BENEFITS OF HAVING AN ANTERIOR RESECTION?

The operation is designed to remove the growth or the narrowing in your bowel to relieve your symptoms.

WHAT ARE THE ALTERNATIVES?

The alternative to this operation is to place a tube (stent) across the growth/narrowing to keep the bowel open. This is not always possible and is usually a short term measure.

This procedure will have no effect on the growth itself which will continue to grow and spread throughout the body.

WHAT ARE THE RISKS INVOLVED IN HAVING AN ANTERIOR 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.

Anterior Resection is a major surgical procedure which carries the risk of complications.

General complications due to this surgery include:-

- Infection in the wound.
- Bleeding from the wound or operation site.
- Chest infection
- Deep vein thrombosis. (A clot in the veins in the leg).
- Pulmonary Embolism. (The clot moves and goes into the lungs).

Specific complications from this type of surgery are:-

- Damage to the bowel.
- Leakage from where the bowel ends have been joined together.
- Damage to the tubes that bring urine from the kidneys to the bladder (ureters).
- Injury to the bladder, this may lead to an alteration in how the bladder works.
- Bruising or damage to the pelvic nerves, this can have an affect on sexual function.

LONG TERM SIDE EFFECTS

Most people have changes in how their bowel works after surgery.

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).

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 will 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 will be given some medicine to drink that will clear out your bowel. This makes the bowel as clean as possible for the surgeon.

You will only be allowed to drink clear fluids and you will not be allowed to eat any solid food after having your bowel cleared out.

Some patients will require a drip. (This is a plastic tube in your arm attached to a bag of fluid). This is given to ensure that your body fluids are replaced.

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

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 with stitches or clips covered with a dressing.
- A venflon into a vein (a small plastic tube) to give you fluids or medication.
- A urinary catheter. (A small tube in your bladder to keep it empty).
- You may have a drain in your abdomen. 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 pump to give pain relieving medication.
- You may have a syringe which is attached to a pump which will give you pain relieving medication.

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 walk as soon as possible after the operation.

After a few days you may feel that you want to pass wind or have your bowels opened and you may pass a little blood or slime (mucus). This is entirely normal. Please keep the nurses informed.

OTHER EXPERIENCES YOU MAY HAVE ARE:-

A bloated abdomen.

A sore bottom.

Constipation and/or diarrhoea.

A lack of control of your bowels which may mark your underclothes.

Anxiety due to the whole situation.

All of these things are expected. Please talk to one of the nurses about them as they can usually be helped with patience and more information.

GOING HOME

- You will be given some idea of the date you are 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 in a special clinic in your local area.

Some patients may require special arrangements before going home. This sometimes means that they may be in hospital 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.

WHEN WILL I BE ABLE TO DRIVE A CAR?

You can usually drive six weeks after your operation after an open procedure, after keyhole surgery 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 you 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 that 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.

لینگویج، انٹرنپریٹیشن اینڈپیشنٹ 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 بنگ 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

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