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ABDOMINAL-PERINEAL EXCISION OF THE RECTUM

PATIENT INFORMATION LEAFLET

This information was correct at the time of printing. While the Trust makes every reasonable effort to keep its information leaflets up to date, very recent changes may not yet be reflected in the guidance and you should discuss this with the clinical staff at the time of your appointment.

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Directorate of General Surgery

Sunderland Royal Hospital

What is this leaflet about and who is it for?

- This leaflet has been produced to inform those people who are about to undergo an Abdominal-Perineal Excision of the Rectum (removal of the bowel) what the procedure involves.
- This leaflet helps to explain the operation.

What is the procedure?

- This is an operation that takes out your entire lower bowel.
- The aim of this operation is to remove the diseased bowel including the lymph glands, and to perform a colostomy (stoma – artificial opening from the abdomen) for emptying your bowel.

Why am I having it?

- Your consultant surgeon has recommended that this is the best treatment for you.

What are the benefits?

- Surgery is the only treatment, which aims to cure the disease.
- Surgery may be used with other therapies such as radiotherapy or chemotherapy or both to increase the chance of cure.

Is there an alternative?

- Other such as radiotherapy or chemotherapy may reduce the growth of the disease or slow its growth, but it cannot offer a cure.

How do I look after my stoma?

- Learning to look after your stoma takes time and patience and no one expects you to cope straight away. As with anything new it will get easier with time and practice.
- The colorectal nurse specialist and ward nurses will show you how to look after your stoma and help you cope with any problems.

What are the risks associated with the procedure?

- Due to the nature of the surgery there is a risk of bladder dysfunction (an inability to pass urine) which may require a long-term catheter.
- There is also a risk of injury to the pelvic nerves that affect sexual function. This may be associated with the use of a urinary catheter.
- DVT(Deep Vein Thrombosis)/PE(Pulmonary Embolism) – increased risks of developing blood clots in the legs and lungs. We try and prevent this happening by supplying you with support stockings to wear and by giving you an injection daily to thin your blood.
- Occasionally the perineal wound can break down and often takes some months to heal.
- Wound infection.
- Chest infection.
- Urinary tract infection. (If you develop an infection you may need to be treated with antibiotics).
- Unpredictable bowel function.
- Constipation and/or diarrhoea.
- Frequent small bowel actions.
- A lack of control of your bowel initially which may mark your underclothes.

What preparation is needed?

- You will be invited to attend the pre-assessment clinic for a general health check.
- This will include an ECG (tracing of the heart) and blood samples to see if you are fit enough for the general anaesthetic. This assessment may take 2-3 hours.
- When this is complete you will be given a date to come into hospital. Most people need their bowel to be cleared before the operation. Your colorectal nurse specialist will explain the type of bowel preparation to you before your admission.
- You will be given information of when you are to stop eating, drinking and smoking before your operation.
- The colorectal nurse will offer to see you either at home or at the hospital to offer you support and advice on all the emotional, physical, and practical issues relating to your colostomy (stoma).

What will happen on arrival and whom will I meet?

- You will be admitted 1-2 days before your surgery and can expect to meet your specialist nurse and your named nurse who will direct and implement your nursing care.
- You can expect to stay between 10-14 days.
- You will also be reviewed by the medical staff and the anaesthetist.

Will I need to sign consent?

- Your consent to the operation will be confirmed prior to your operation.

What does the procedure involve?

- A piece of your bowel is brought to the surface of your abdomen to divert the flow of your faeces (permanent colostomy).
- This means you will have to wear a bag on the left side of your abdomen to collect your faeces.
- This operation involves two incisions, one to your abdomen and one around your anus.
- After the operation you will have a scar and a colostomy on your abdomen and a scar between your buttocks where your anus has been closed.

How long does the procedure last?

- The procedure should last 2-4 hours, but you will be off the ward longer than this to incorporate your anaesthetic prior to theatre and your recovery from the anaesthetic after the operation.

What to expect afterwards?

- After the operation you will be taken from the theatre to the recovery area before leaving the theatre area. In most cases you may spend 24-48 hours in the Intensive Critical Care Unit (ICCU) so that staff can monitor you closely.

When you wake up after your operation you will have some or all of the following:

- A wound on your stomach with stitches or metal staples, covered with a dressing. These will stay in for 10-14 days after which the ward or district nursing staff will take them out.
- A catheter – a small tube to keep your bladder empty.

- You may have one or two drains in place attached to a bag or bottle. These collect any blood or fluid from around the operation site. These will be left in until the fluid stops draining.
- A tube in your nose that will keep your stomach empty.
- You may have an epidural (fine tube in your back) or a pump, which gives you pain relieving medication. We will try and make sure you are as comfortable as possible but you should expect some discomfort.
- You will only be allowed to drink very small amounts of water following your operation. The amount of fluid will increase when your bowel starts to work and you pass wind. THIS MAY TAKE SEVERAL DAYS.
- After your surgery the nursing staff will help you with your washing and personal care. They will usually get you into a chair during the first day after your surgery; this will help get your circulation moving.
- For the first few days you will feel unsteady and will need some help with moving around. So you must ask for help.
- You will be advised to carry out deep breathing exercises, coughing and leg exercises, which will all be explained to you by the physiotherapist or the nursing staff.

When will my bowels start to work?

- Your bowels will usually start to make noises after two to five days. You may have a lot of discomfort from wind until you pass it into the stoma bag.
- When your stoma does start to work your bowel actions are very likely to be loose, frequent and unpredictable. This should settle down with time.
- Most stomas develop a predictable pattern of action, but this may take some weeks or months.