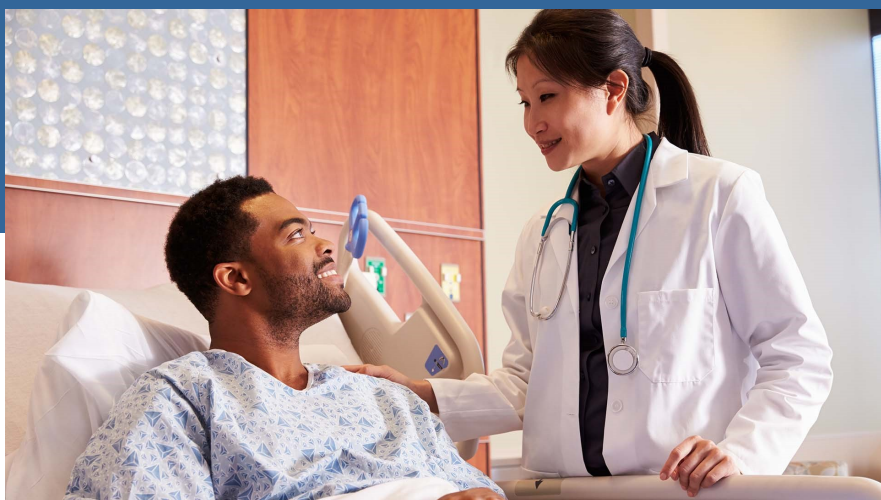


Colectomy



SAFETY
HEALTH
SATISFACTION

The pillars defining our quality care

We Care Together!



St. Maarten Medical Center

Colectomy

A colectomy is the removal of a section of the large intestine (colon) or bowel. This operation is done to treat diseases of the bowel, including Crohn's disease and ulcerative colitis; and colon cancer.

Common Symptoms

Symptoms may include diarrhea, constipation, abdominal cramps, nausea, fever, chills, weakness, or loss of appetite and/or weight loss, or bleeding.

There may be no symptoms.

Treatment options

Surgical Procedure

Open colectomy—An incision is made in the abdomen and the section of the diseased colon is removed. The two divided ends of the colon are sutured (sewn) or stapled together in an anastomosis. If the colon cannot be sewn back together, it is brought up through the abdomen to form a colostomy.

Laparoscopic colectomy—A light, camera, and instruments are inserted through small holes in the abdomen to remove the diseased colon or tumor.

Nonsurgical Procedure

Some diseases of the colon are treated with antibiotics, steroids, or drugs that affect the immune system.

The condition

There are different types of conditions and diseases that may affect the intestines:

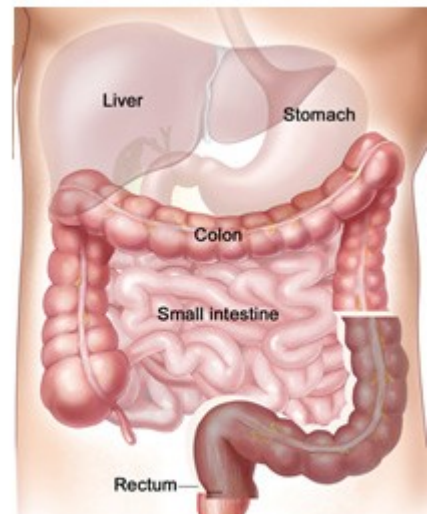
- **Inflammatory bowel diseases** include ulcerative colitis and Crohn's disease.

- **Ulcerative colitis presents** as ulcers presents as ulcers (tiny open sores) in the inner layer of the colon and includes bloody diarrhea and abdominal pain.
- **Crohn's disease** is the inflammation of the entire lining of the digestive tract, with 15% of cases in the colon only. This usually presents with continual diarrhea and abdominal pain.
- **Diverticulitis** is an inflammation or infection of small, bulging pouches (diverticula) located in the colon.
- **Colorectal polyp** is any growth on the lining of the colon or rectum.
- **Colorectal cancer** is a malignant (cancerous) tumor in the colon or rectum.

Procedure

There are different procedures to treat diseases of the bowel and intestines:

- A **colectomy** is an operation to remove a part of the intestine (bowel) that is diseased. The name of the procedure depends on what section of the intestine is removed.
- **Right hemicolectomy** is the removal of the ascending (right) colon.
- **Left hemicolectomy** is the removal of the descending (left) colon.
- **Sigmoidectomy** is the removal of the lower part of the colon which is connected to the rectum.
- **Low anterior resection** is the removal of the upper part of the rectum.
- **Segmental resection** is the removal of only a short piece of the colon.
- **Abdominal perineal resection** is the removal of the sigmoid colon, rectum and anus and construction of a permanent colostomy.
- **Total colectomy** is when the



entire colon is removed and the small intestine is connected to the rectum.

- **Total proctocolectomy** is the removal of the rectum and all or part of the colon.

Preparing for your operation

Home Medication

Bring a list of all of the medications, vitamins, and nutritional supplements that you are taking. Your medication may have to be adjusted before your operation. Some medications can affect your recovery, blood clotting, and response to the anesthesia. Most often you will take your morning medication with a sip of water.

Anesthesia

Let your anesthesia provider know if you have allergies, neurologic disease (epilepsy, stroke), heart disease, stomach problems, lung disease (asthma, emphysema), endocrine disease (diabetes, thyroid conditions), or loose teeth; if you smoke, drink alcohol, use drugs, or take any herbs or vitamins; or if you have a history of nausea and vomiting with anesthesia.

If you smoke, you should let your surgical team know. You should plan to quit. Quitting before your surgery can decrease your rate of respiratory and wound complications and increase your chances of staying smoke free for life.

Length of Stay

You may stay in the hospital for about 2 nights after a laparoscopic repair or longer after an open colectomy. You may have a catheter in place in your bladder to measure and drain your urine for a few days. Severe nausea, vomiting, or the inability to pass urine may result in a longer stay.

The day of your operation

- Do not eat for 4 hours or drink anything but clear liquids for at least 2 hours before the operation.
- Shower and clean your abdomen and groin area with a mild antibacterial soap.
- Brush your teeth and rinse your mouth out with mouthwash.
- Do not shave the surgical site; your surgical team will clip the hair nearest the incision site.

Fluids and Anesthesia

An intravenous line (IV) will be started to give your fluids and medication. For general anesthesia, you will be asleep and pain free. A tube will be placed down your throat to help you breathe during the operation.

After Your Operation

You will be moved to a recovery room where your heart rate, breathing rate, oxygen saturation, blood pressure, and urine output will be closely watched. Be sure that all visitors wash their hands.

Preventing Pneumonia and Blood Clots

Movement and deep breathing after your operation can help prevent postoperative complications such as blood clots, fluid in your lungs, and pneumonia. Every hour, take 5 to 10 deep breaths and hold each breath for 3 to 5 seconds.

When you have an operation, you are at risk of getting blood clots because of not moving during anesthesia. The longer and more complicated your surgery, the greater the risk. This risk is decreased by getting up and walking 5 to 6 times per day, wearing special support stockings or compression boots on your legs, and, for high-risk patients, taking a medication that thins your blood.

Your recovery and discharge

Thinking Clearly

If general anesthesia is given or if you need to take narcotics for pain, it may cause you to feel different for 2 or 3 days, have difficulty with memory, or feel more tired. You should not drive, drink alcohol, or make any big decisions for at least 2 days.

Nutrition

If you follow an enhanced recovery protocol, the aim is to return to a normal diet as soon as possible. Right after surgery, you will be able to drink water and be provided with anti-nausea medication if you need it. On postoperative day 1, you can eat a normal diet. IV fluids will continue for 1 to 2 days after the surgery. For up to 4 weeks, a low-residue/low-fiber diet is recommended to reduce the amount and frequency of stools. This reduces trauma to the healing intestinal reconnection. Continue to drink about 8 to 10 glasses of fluid per day. A dietician can help you understand your diet.

Activity

After surgery, you will sit in a chair. The next day, you should be up and walking the hallway. Your pain should be managed with pain medication. Get up and walk every hour or so to prevent blood clot formation.

You may be able to resume most normal activities in 1 or 2 weeks. These activities include showering, driving, walking up stairs, working, and engaging in sexual activity.

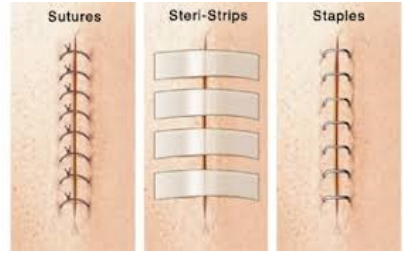
You will not be able to lift anything over 10 pounds, climb, or do strenuous activity for 4 to 6 weeks following surgery.

Wound Care

- Always wash your hands before and after touching near your incision site.
- You will be instructed on how to care for your wound before you go

home.

- Do not soak in a bathtub until your stitches, Steri-Strips, or staples are removed. You can usually shower within 2 days unless you are told not to.
- A small amount of drainage from the incision is normal. If the dressing is soaked with blood, call your surgeon.
- If you have Steri-Strips in place, they will fall off in 7 to 10 days.
- If you have a glue-like covering over the incision, allow the glue to flake off on its own.
- Avoid wearing tight or rough clothing. It may rub your incisions and make it harder for them to heal.
- Protect the new skin, especially from the sun. The sun can burn and cause darker scarring.
- Your scar will heal in about 4 to 6 weeks and will become softer and continue to fade over the next year.



Bowel Movements

In the first 2 weeks, your bowel movements may be more frequent and looser than usual until you fully resume eating solid food. Avoid straining with bowel movements. Be sure you are drinking 8 to 10 glasses of fluid each day.

Pain

The amount of pain is different for each person. The new medicine you will need after your operation is for pain control, and your doctor will advise how much you should take. You can use throat lozenges if you have sore throat pain from the tube placed in your throat during your anesthesia.

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