Gleneagles Hospital
HONG KONG
港怡醫院

Hosp No.	:		HKID No.:
Case No.	:		
Name	:		
DOB	:		M / F
Adm Date	:		
Contact No.	:		

Procedure Information Sheet – Partial or Total Colectomy (Open / Laparoscopic)

1. Introduction

1.1. Colectomy is a surgical procedure to remove all or part of the colon. The colon, or large intestine, is the lower part of the intestinal tract.

1.2. The main function of the colon is to store feces until there is a need to go to the toilet. An individual can live a normal life with part or all of the colon removed.

1.3. The indications for this operation include:

- 1.3.1. Colorectal cancer
- 1.3.2. Inflammatory bowel diseases such as ulcerative colitis and Crohn's disease
- 1.3.3. Intestinal obstruction
- 1.3.4. Trauma to the intestine
- 1.3.5. Diverticular disease
- 1.3.6. Precancerous polyps
- 1.3.7. Bowel perforation or necrosis
- 1.3.8. Bleeding from the colon

2. Procedural Preparation

2.1. Investigations may be recommended before operation such as Computer Tomography (CT) abdomen, Chest X-ray, blood tests and Electrocardiogram (ECG).

2.2. The reason of operation, procedure and possible complications will be explained by the surgeon and consent form will be signed before operation.

2.3. Pre-operative anesthetic assessment will be performed. The anesthetic management and its possible risks will be explained by anesthetist with consent for anesthesia signed.

2.4. Usual medications will be reviewed. You may need to stop taking some medications before operation, e.g. anticoagulants.

2.5. Bowel preparation may be needed according to doctor's prescription, such as enema or laxatives and a clear fluid diet one day prior to operation.

2.6. Shower and hair washing before the operation is recommended and clipping of abdominal hair may be needed to reduce rate of wound infection.

2.7. Do not eat or drink for 6 to 8 hours before the operation.

2.8. Wear compressing stockings prior to operation.

3. Procedure

3.1. This surgery will be done under general anesthesia with Laparoscopic or Open approach.

- 3.1.1. Laparoscopic colectomy:
  - 3.1.1.1. Small instruments and a video camera are inserted into the abdomen through three to four incisions (wound size approximately 1 cm) on the abdominal wall. Carbon dioxide (CO_2) insufflation technique is used for visualization and dissection of colon.
  - 3.1.1.2. The wound sites are closed with sutures, surgical staples, or strips.
- 3.1.2. Open colectomy:
  - 3.1.2.1. An incision wound in the upper right abdomen is cut to remove the colon.
  - 3.1.2.2. The wound site is closed with surgical staples, or sutures.

3.2. Colectomy can be partial or total:

- 3.2.1. Partial colectomy:
  - 3.2.1.1. A single, long incision will be made in the abdomen. The diseased portion of intestine will then be removed through the incision.
  - 3.2.1.2. The two loose ends of intestine will be sewn together.
- 3.2.2. Total colectomy:
  - 3.2.2.1. The entire colon will be removed through the incision.

3.3. In some cases, the terminal part of the small intestine, called the ileum, is then connected to the rectum. A small internal pouch is made from the ileum to store stool. This pouch mimics the function of the rectum and preserves anal function.
3.4. In general, some soft tubes may be left in the abdomen to drain any accumulating fluids. Stitches or staples will be used to close the wound. Sterile dressing will be placed over the incisions.
3.5. A colostomy or ileostomy may be created, which is an artificial opening in the abdomen, called a stoma. This allows feces to exit from the intestine through the stoma. It collects in a pouch called an ostomy bag. A colostomy may be temporary or permanent.
3.6. A temporary colostomy allows the intestine to rest and heal. When the intestine has healed properly, another operation will be required for closure of stoma.
3.7. The removed tissue will be sent to a lab for examination.
3.8. The usual length of stay is 5 to 6 days. Your doctor may recommend a longer stay if required.

4. Recovery Phase

4.1. Several tubes will be attached to the body right after the operation which will be removed when condition improved. The tubes include:
  4.1.1. An oxygen cannula attached to the nostrils.
  4.1.2. A nasogastric tube for drainage of excess acid or bile from the stomach.
  4.1.3. An intravenous catheter inserted on the extremity for administration of intravenous fluid and medications.
  4.1.4. One or more tubes on the abdomen to drain out excessive fluid from the operation site.
  4.1.5. Foley catheter inserted into the bladder to drain urine.
4.2. If you had a colostomy or ileostomy, a pouch will be attached on the outside of the abdomen. Fecal matter will be collected in it.
4.3. Patient Controlled Analgesia (PCA) therapy may be used for pain relief in the early postoperative period.
4.4. Antibiotics and medication for nausea may be required.
4.5. During the first few days after surgery, you may be restricted from eating. As condition improved, you can gradually resume diet through liquid, soft diets to a regular diet.
4.6. Continue to wear special compression stockings which can help prevent deep vein thrombosis.
4.7. Using an incentive spirometer is encouraged for deep breathing exercise and to cough frequently, which can improve lung function and prevent chest infection.
4.8. Early ambulation promotes early recovery. Activities should be increased gradually, depending on your tolerance and condition.
4.9. A specialized nurse or stoma nurse will teach you how to care for the stoma site and change the ostomy bag.

5. Possible Risks and Complications

5.1. Damage to other organs or structures, e.g. bladder, liver, spleen, pelvic nerves.
5.2. Wound infection or dehiscence.
5.3. Hernia at the incision site.
5.4. Abdominal collection.
5.5. Hemorrhage: bleeding in the abdomen.
5.6. Paralytic ileus: bowel temporarily stop functioning.
5.7. Deep vein thrombosis/Pulmonary Thrombosis.
5.8. Chest infection.

6. Remark

6.1. The above-mentioned procedural information is not exhaustive, other unforeseen complications may occur in special patient groups or individual differently. Please contact your physician for further enquiry.

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7. References

7.1. Mount Sinai Hospital, Icahn School of Medicine. Colectomy: Open Surgery.

7.2. National Health Services (NHS) Foundation Trust, Gateshead Health. Patient Information: Subtotal Colectomy.

I acknowledged the above information concerning the operation or procedure. I have also been given the opportunity to ask questions and received adequate explanations concerning the condition and treatment plan.

Patient/ Relative Signature: _____

Patient/ Relative Name: _____

Date: _____