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 – Small Bowel Resection (Open / Laparoscopic)

1. Introduction

1.1. A small bowel resection is the removal of part of the small intestine. The small intestine includes the duodenum, jejunum, and ileum. The surgery can be done through an open incision or smaller incisions using a laparoscope.

1.2. Indications for small bowel resection:

1.2.1. Intestinal blockage

1.2.2. Bleeding, infection, ulcers, or holes in the small intestines

1.2.3. Cancer

1.2.4. Precancerous polyps

1.2.5. Crohn's disease

1.2.6. Injury

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. Explanation of 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 be asked 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 clear fluid diet one day prior to the operation is advised.

2.6. A 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 compression stockings prior to the operation.

3. Procedure

3.1. This operation will be done under general anesthesia.

3.2. The procedure may be done with one of two methods:

3.2.1. Traditional open incision – An incision will be made into the abdomen in the area of the diseased intestine.

3.2.2. Laparoscopic technique – A few small incisions will be made in the abdomen. Carbon dioxide gas will be pumped into the abdomen through an incision. A laparoscope, which is a thin tube with a small camera on the end, will be inserted through the incisions. Special tools will also be inserted through these incisions. The laparoscope sends a view of the interior of the abdomen to a video monitor. The diseased intestine will be cut free and removed.

3.3. If there is enough healthy intestine left, the free ends of the intestine may be joined together. Otherwise, a permanent or temporary ileostomy is created.

3.4. An ileostomy is an opening called a stoma in the abdomen. The end of the small intestine closest to the stomach is attached to the opening. This allows intestinal contents to drain into a sealed pouch outside of the body.

3.5. If a temporary ileostomy is created, another operation will be necessary several months later to reverse it.

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. A foley catheter inserted into the bladder to drain urine.
4.2. Patient Controlled Analgesia (PCA) therapy may be used for pain relief in the early postoperative period.
4.3. Antibiotics and also need medication for nausea may be required as prophylaxis.
4.4. Moving around will help promote healing. Continue to wear special compression stockings could help prevent blood clots formation in deep veins.
4.5. Some activity such as heavy lifting, should be avoided.
4.6. Follow wound care instructions to avoid infection. Healthcare team or stoma nurse will teach you how to care for the ileostomy.
4.7. The usual length of stay is 5 to 7 days. A longer stay may be required if large amount of intestine has been removed or other complications occurred.

5. Possible Risks and Complications

5.1. Problems from the procedure are rare, but all procedures have some risk. Your doctor will review potential problems, like:
5.1.1. Excessive bleeding.
5.1.2. Wound infection/Dehiscence.
5.1.3. Chest infection.
5.1.4. Deep vein thrombosis.
5.1.5. Blockage of the intestine caused by scar tissue.
5.1.6. The bowel movement may be paralyzed.
5.1.7. Hernia formation at the incision site.
5.1.8. Leakage from joining of intestinal edges.
5.1.9. Inability to get enough nutrients and vitamins if too much intestine needed to be removed.
5.2. Factors that may increase the risk of complications include:
5.2.1. Smoking
5.2.2. Previous abdominal surgery
5.2.3. Malnutrition
5.2.4. Chronic illness
5.2.5. Drug use

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/surgeon for further enquiry.

7. Reference

7.1. Icahn School of Medicine at Mount Sinai. Small bowel resection.
7.2. The State of Queensland, Queensland Health. Small bowel resection.
7.3. Shrewsbury and Telford Hospital, National Health Service (HNS) Foundation Trust. Understanding your Operation: Right Hemicolectomy, Ileo-caecal Resection and Small Bowel Resection.

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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: _____