



## Operation Information

### Laparoscopic Anterior Resection of Rectum

#### Introduction

The rectum is located at the lower end of the large intestine (just above the anus), where solid wastes or stools are stored for excretion. Anterior resection of rectum is a surgical procedure to remove a segment of the sigmoid colon and rectum. This is a surgical minimal invasive treatment for treating either benign or cancerous tumors in the rectum.

#### Outcomes

This operation is a surgical intervention to resect the lesion or tumor in the rectum. Following anterior resection, there may be a temporary or permanent change in bowel function. You may experience some change in bowel habit with difficulties in bowel control including passing wind, frequent stools, fecal incontinence, loose stools or diarrhea.

#### Procedures

1. The operation is performed under general anaesthesia.
2. Several small incisions are made in the abdomen.
3. The diseased part of the rectum or sigmoid colon is removed.
4. The two healthy ends of the bowel are then reattached (under normal circumstances).
5. A temporary stoma may be necessary to divert stools away during the healing process.

#### Possible Risks and Complications

1. Wound infection
2. Intra-abdominal bleeding or collection
3. Anastomotic leakage or bleeding
4. Paralytic ileus
5. Deep vein thrombosis or pulmonary embolism
6. Small bowel obstruction
7. Pelvic nerve damage (leading to bladder and sexual organ dysfunction, e.g. retrograde ejaculation and impotence for men)
8. Damage to nearby organs, such as blood vessels, bowel, spleen, bladder
9. Scarring

\*\* The risks listed above are in general terms only and this list of complications is not exhaustive. Please understand that even though all operations are carried out with utmost professionalism and care, this does not rule out the possibility of complications arising. In the event of peripheral organ damage, post-operative haemorrhage or anastomotic leakage, further operations or interventions may be required.

## **Pre-operative Preparations**

1. Good hygiene can prevent surgical wound infection. Therefore, we advise you to clean up yourself on the day of operation.
2. The operation and possible complications will be explained by the doctor and a consent form must be signed prior to the operation.
3. Please inform the doctor and nurse all your past medical history, previous surgical operations, current medication and any known complications with drug or anaesthesia. Please inform doctor if you are taking medications that affect blood coagulation such as Aspirin, Warfarin, Xarelto or Pradaxa, nonsteroidal anti-inflammatory drug (NSAID) such as Ibuprofen, Naproxen and Chinese medication.
4. The bowel preparation medication (e.g. laxatives) will be administered to empty the bowel the night prior to the operation.
5. Routine tests such as blood test, X-ray will be performed before the operation as ordered by the doctor.
6. No food or drink six hours before operation.
7. A pair of anti-embolism stockings will be given to you to prevent post-operative deep vein thrombosis.
8. Pre-medication or intravenous infusion may be given as doctor's prescription.
9. Please change into surgical gown after removing all belongings including undergarments, dentures, jewellery and contact lenses.
10. Please empty your bladder before the operation.

## **Post-operative Instructions**

### **General**

1. After general anaesthesia, you may:
  - experience discomfort in the throat after tracheal intubation.
  - experience side effects of anaesthesia including feeling tired, drowsy, nausea or vomiting. Please inform the nurse if symptoms persist or worsen.
2. You may be placed on a device that provides pain medication whenever you press a demand button (called a PCA or Patient Controlled Analgesia) if needed.
3. Please keep the nurse informed if you experience constipation, diarrhea, frequent bowel motion or loss of bowel control (fecal incontinence). In case of wound pain, treatment by injection or oral painkillers may be prescribed by the doctor.
4. An indwelling urine catheter will be inserted during operation, normally be removed a few days after the operation.
5. An intravenous infusion will be given to replenish fluids and administer medications.

### **Wound Care**

1. The wound will be covered with a sterile dressing which must be kept dry.
2. For patient with stoma, stoma will be cared by nurses in the initial post-operative period. Stoma nurse specialist will visit the patient and educate patient on stoma care before discharge.
3. Watery or loose stool are frequently passed from stoma in the early postoperative period. Stool form will become normal with time.
4. Abdominal drain may be placed during surgery, and it is usually removed after a few days.
5. Staples or clips will be removed in 7-14 days after the operation.

### **Diet**

1. Nil by mouth is required until bowel function returns.
2. Resume diet gradually as instructed by your doctor.

### **Activities**

Early mobilization can promote a rapid postoperative recovery. You may resume light activities after the operation (As advised by your doctor).

## **Advice on Discharge**

1. Bowel resection is considered a major surgical procedure and wound recovery generally takes a few weeks.
2. Prolonged bed rest can slow down blood circulation and increase the likelihood of developing deep vein thrombosis. Early mobilization is encouraged as tolerated.
3. Heavy lifting and vigorous exercises should be avoided within the first six weeks.
4. A feeling of wound pain with tingling sensation is common for the first few months. Prescribed pain medication may be taken as needed.
5. You may resume sexual activity depending on health condition and progress of wound healing.
6. Immediately consult your doctor or return to hospital for professional attention in the event of severe wound pain related to redness and swelling, secretion of pus or blood seepage, abdominal pain or vomiting, shivering, high fever over 38°C or 100.4°F, or any other unusual symptoms etc.
7. Any follow-up consultations should be attended as scheduled.

Should there be any enquiries or concerns, please consult the attending doctor.

Under the professional care of the doctor, you will gradually recover. We wish you all the best during your treatment and recovery.

If you have any questions after reading the entire leaflet, please write them down in the spaces provided in order for the doctor to further follow-up.

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Compiled by Union Hospital Operating Theatre (OT) Governance Committee

The above information is for reference only, please enquire your physician for details  
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