

## Operation Information

### Colectomy(Open/Laparoscopic)

#### Introduction

Colectomy is a surgical procedure to remove part of the colon, also known as the large intestine. It is used to remove a diseased portion of the colon and recommended to treat many diseases of the colon including bowel cancer, diverticular disease and inflammatory bowel disease. Colectomy may be performed as an open or laparoscopic procedure depending on the patient's condition.

#### Outcomes

The colon is a part of the large intestine and its function is to absorb water while forming stools. Patients may experience a change in bowel habit, most commonly more frequent or loose stools after the operation.

#### Procedures

1. The operation is performed under general anaesthesia.
2. Open Colectomy:
  - The surgeon makes a large incision in the middle of the abdomen to remove the affected bowel.Laparoscopic (keyhole) Colectomy:
  - The surgeon make a number of small incisions in the abdomen and specialist instruments guided by a camera are used to remove a section of the affected bowel.
3. The remaining bowel ends are reattached either using staples or sutures.
4. A temporary stoma may be sited in some circumstances.
5. The abdominal wall is stitched and the wound is closed.

#### Possible Risks and Complications

1. Infection of wound
2. Deep vein thrombosis / Pulmonary embolism
3. A visible scar in the suture area
4. Intra-abdominal bleeding
5. Intra-abdominal collection
6. Bladder dysfunction
7. Anastomotic leak
8. Damage to intra-abdominal organs, such as the bladder, ureter, blood vessels, small intestine and spleen
9. Intra-abdominal abscess
10. Anastomotic bleeding
11. Paralytic ileus
12. Small bowel obstruction

\*\* The risks listed above are in general terms and the possibility 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 or post-operative haemorrhage or leakage, further operation may be necessary.

## **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 complication with drug or anaesthesia.
4. A laxative will be administered to empty the bowel the night before the operation.
5. Routine tests (such as blood test, X-rays, ECG) will be performed before the operation.
6. Shaving of surgical site may be necessary prior to the operation.
7. No food or drink six hours before operation.
8. Please change into surgical gown after taking off all clothing including undergarments, dentures, jewellery and contact lenses.
9. Please empty your bladder before the operation.
10. Pre-medication or intravenous infusion may be given as doctor's prescription.

## **Post-operative Instructions**

### **General**

1. After general anaesthesia, you may:
  - experience discomfort in the throat after tracheal intubation.
  - experience side effects of anaesthesia including feel tired, drowsy, nausea or vomiting. Inform the nurse if symptoms persist or worsen.
2. Please inform the nurse of wound pain. Pain relief treatment by injection or oral medication may be prescribed by the doctor.
3. An indwelling urine catheter will be inserted during operation, normally be removed a few days after the operation.
4. Some of the gas used to inflate your abdomen can remain inside your abdomen after the operation, which can cause bloating, shoulder pain. Usually this will resolve after a few days.
5. You will normally be discharged few days to a week after the operation, depending on your situation.

### **Wound Care**

1. The wound will usually be covered with a sterile waterproof dressing which must be kept dry.
2. Staples or clips will be removed in 7 – 14 days after the operation.
3. For patients 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.
4. If an abdominal drain is placed during surgery, it is usually removed within few days.

### **Diet**

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

### **Activities**

Early mobilization can promote a rapid postoperative recovery. You can resume light activities after the operation.

## **Advices on Discharge**

1. Mild wound pain is common and normal.
2. You may shower or bathe as usual but must ensure the dressing is kept dry.
3. Regular activities may be resumed gradually in 1 – 2 weeks.
4. Please comply with medication regime as prescribed by your doctor.
5. Heavy lifting, excessive exertion, bending or stretching should be avoided within the first 4 weeks.
6. Immediately consult your doctor or return to hospital for medical attention in the event of severe

bleeding, severe wound pain associated with redness and swelling, pus drainage, nausea or vomiting, constipation or dysuria, shivering, high fever over 38°C or 100°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  
Our Hospital reserves the RIGHT to amend any information in this leaflet without prior notification

