

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

The expected outcome of this operation is the resection of the lesion or tumor in 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. Infection of wound
2. Intra-abdominal bleeding
3. Intra-abdominal collection
4. Visible scar in the suture area
5. Sexual dysfunction or retrograde ejaculation and impotence (for men)
6. Damage to structures inside the abdomen such as blood vessels, bowel, spleen, bladder (rare)
7. Bladder dysfunction (temporary in most cases)
8. Anastomotic leak
9. Pelvic abscess
10. Anastomotic bleeding
11. Paralytic ileus
12. Deep vein thrombosis / Pulmonary embolism
13. Small bowel obstruction

** 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.
4. The bowel preparation medication (e.g. laxatives) will be administered to empty the bowel the night prior to the operation.
5. Routine tests will be performed before the operation.
6. No food or drink six hours before operation.
7. Please change into surgical gown after taking off all clothing including undergarments, dentures, jewellery and contact lenses.
8. Please empty your bladder before the operation.
9. Pre-medication / intravenous fluid may be necessary as per 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 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 (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 for urinary drainage. It will be removed within few days.
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 clean and dry.
2. Surgical staples or clips will be removed in 7-14 days postoperatively.
3. 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.
4. Watery or loose stool are frequently passed from stoma in the early postoperative period. Stool form will become normal with time.
5. Abdominal drain may be placed during surgery, and it is usually removed after a 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 may resume light activities after the operation. (As advised by your doctor)

Advices on Discharge

1. Bowel resection is considered a major surgical procedure and wound recovery generally takes a few weeks.
2. During the first week, tiredness may be experienced and frequent rest is encouraged.
3. Prolonged bed rest can slow down blood circulation and increase the likelihood of developing deep vein thrombosis. Early mobilization is encouraged.
4. Heavy lifting and vigorous exercises should be avoided for the first six weeks following the operation.
5. A feeling of wound pain with tingling sensation is common for the first few months. Prescription pain medication may be taken as needed.
6. You may resume sexual activity depending on health condition and progress of wound healing.
7. 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°F, or any other unusual symptoms etc.
8. 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.

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