仁安醫院
UNION HOSPITAL

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Operation Information

Laparoscopic AP Resection

Introduction

Abdominoperineal (AP) resection is a surgical procedure that removes the anus, rectum, and sigmoid colon. It is commonly used to treat cancer located very low in the rectum or in the anus, where the anal sphincter muscles (muscles that control bowel movements) cannot be preserved.

Outcomes

Once the anus and rectum have been removed, the perineum will be permanently closed and a colostomy will be fashioned at the left side of the abdomen. A colostomy involves bringing a portion of the colon to an opening at the surface of the skin. The new opening is called a "stoma" and allows stool to pass out of the body. The stoma usually measures from 1 to 1 ½ inches in diameter. A pouch or stoma appliance, is worn to collect stool and gas from the colostomy.

This operation can be performed usually by either open surgery (laparotomy) or laparoscopically. With laparoscopic surgery, the surgeon completes the operation through very small “keyhole” incisions in the abdomen. In both types of surgery, there will be still be a perineal wound where the anus is closed.

Procedures

1. The operation is performed under general anaesthesia.
2. The surgeon will make 4 or 5 more "keyhole" incisions in the abdomen. Surgical instruments will be placed through these incisions to complete the surgery.
3. The main blood vessels that serve the diseased sections of the bowel will be carefully cut and closed.
4. The rectum will be freed from its surrounding structures.
5. The sigmoid colon, anus and rectum will be resected.
6. Once the anus, rectum, and sigmoid colon have been removed, the surgeon will make the stoma from one of the existing incision sites. The stoma is usually placed on the left side of the abdomen.

Possible Risks and Complications:

1. Wound bleeding
2. Wound infection
3. Anastomotic leakage
4. Perineal sinus
5. Perineal hernia
6. Scarring
7. Sexual dysfunction or retrograde ejaculation and impotence (for men)
8. Damage to structures inside the abdomen such as blood vessels and bowel (very rare)
9. Bladder dysfunction
10. Damage to nearby organs
11. Internal herniation

12. Intestinal obstruction
13. Pelvic abscess
14. Parastomal hernia

** 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.

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 procedure 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. 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. Stoma nurse may mark proposed stoma site using a surgical marker if necessary. Please do not wash out the marking. Stoma nurse may also conduct a pre-operative briefing and follow the post-operative stoma care if necessary.
5. Low residue diet is required as instructed by the doctor.
6. Bowel preparation is also required to clean out the colon prior to the operation as instructed by the doctor.
7. Clipping on the operation site may be required and nurse will supply surgical soap to you for washing the operation site as necessary.
8. No food or drink six hours before operation.
9. Please change into a 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. Inform the nurse if symptoms persist or worsen.
2. For speedup the recovery, the doctor and nurses will encourage you to do exercises such as deep breathing, walking and sitting on a chair etc. gradually.
3. This operation requires 4-5 days of hospitalization and full recovery can take several weeks.

Wound Care

1. The wound will be covered with a sterile dressing which must be kept dry.
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. A perineal wound in which the anus was removed would be closed with sutures and/or staples. Avoid sitting for prolonged periods of time as it may cause the incision to open up. You may notice some drainage for this incision. Dressing might need to be changed frequently to prevent leakage.

Diet

1. Resume normal diet gradually as advised by your doctor. You may resume usual diet unless otherwise instructed. You may experience abdominal bloating or mild nausea after the operation, so eat slowly and easy-to-digest foods are recommended.

Advice on Discharge

1. Heavy lifting, excessive exertion, bending or stretching should be avoided within the first 4 to 6 weeks.
2. The medication should be taken as prescribed by the doctor.
3. Immediately consult your doctor or return to hospital for professional attention in the event of persistent abdominal pain and abdominal distension, vomit with fecal matter, redness around the wound, blood stain and pus stain fluid from the wound, swelling in your legs, sudden shortness of breath, shivering, high fever over 38°C or 100.4°F, or any other unusual symptoms, etc.
4. 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