

A bowel resection is a surgery to remove a diseased part of the bowel. This can include the small intestine, large intestine, or rectum. Removal of some or all of the colon is called a **colectomy**. If the Surgeon is removing cancer from the colon, nearby lymph nodes are taken also for testing.

A **right hemicolectomy** removes the ascending colon (the part of your colon that's attached to the end of your small intestine). The small intestine is then attached to the transverse colon (the part of your colon that goes across your body).

A **left hemicolectomy** removes the descending colon (the part of your colon that's attached to your rectum). After it's removed, the Surgeon attaches the transverse colon directly to your rectum.

A **low anterior resection** removes the sigmoid colon and **upper part of the rectum**. It is possible a temporary bag (ileostomy) may be required until the join in the bowel has healed. This is to divert the bowel movement away from where your bowel has been joined. This allows healing to take place and reduces complications. It is an opening on the right side of your abdomen where the small bowel is brought up through the muscle layers and stitched to the skin. A bag is placed over this opening to allow your bowel movement to be collected.

When you and the Surgeon decide on which bowel resection you are going to have, you may have to speak with an Anaesthetist or a Nurse who will advise you on your medication and answer any other questions regarding the surgery. A Nurse will then fit you for elastic stockings that will be worn after your surgery to prevent blood clots. The Nurse will also review your bowel preparation for the surgery. You can ask your Nurse and Anaesthetist any questions you may have.

You will be informed if you are to arrive the day before your surgery or the same day of your surgery. You will stay in the hospital for a few days after any type of hemicolectomy. Your Surgeon may prescribe pain medicine and antibiotics as part of your treatment plan.

BEFORE SURGERY

- **Several days before your surgery**, you will require blood tests, ECG tracing of your heart and chest X-ray.
- **The day before your surgery**, you are to start the bowel prep as instructed by the Nurse.

PREPARING FOR YOUR SURGERY

The Nurse assigned to your care will prepare you for your surgery.

You will:

- change into a hospital gown,
- have an IV inserted,
- have your height, weight and vital signs be taken,
- have additional blood tests done if required.
- be asked general health questions for your admission to Hospital.
- You will be given an enema and may have your lower abdomen shaved.
- **TO PREVENT BLOOD CLOTS:** Your Nurse will apply the elastic stockings and administer a blood thinner needle.

WHEN IT IS TIME FOR YOUR SURGERY

- A Nurse will escort you to the Operating Room.
- You will speak with your Surgeon, Anaesthetist and Operating Room staff and have an opportunity to ask questions prior to your surgery.

SURGERY

This surgery is performed under **general anaesthesia**. Your Anaesthetist will discuss this with you and review options for managing your pain after the surgery.

- A catheter tube will be inserted in bladder for elimination of urine. It is usually removed by the Nurse a day or two after your surgery.
- You may have a Nasogastric (NG) tube. This is a tube inserted through your nose into your stomach to relieve abdominal discomfort. This is usually removed the morning after surgery.
- It is not common, but you may have a tube near the incision to drain excess blood from your abdomen.
- You may have stitches along your incision.
- You may have tapes (steristrips) and a dressing covering incision line on your abdomen.
- You may also have an ileostomy or colostomy bag.

AFTER THE SURGERY

- You will be taken to the recovery room where a Nurse will monitor your vital signs and ensure your pain and nausea is managed with medication.
- Once you are fully awake from the anaesthetic, you are then ready to return to your room. You will be taken by stretcher to the ICU unit where you will be monitored and be provided something to drink.

EXERCISE INSTRUCTIONS

During recovery, it is necessary to perform exercises that will help after having an anaesthetic and prevent blood clots.

- To clear your lungs of mucous, take a deep breath in and breathe out slowly – 5 times.
- To keep the blood moving in your legs and help prevent blood clots in your veins, throughout the day:
 - do ankle circling, each direction and move toes up and down– 10 times,
 - tighten knees and relax – 10 times,
 - tighten both buttocks and relax – 10 times,
 - bend one knee, relax then bend the other, relax – 10 times.
- You will be provided with an incentive spirometer – a device to help you clear and strengthen your lungs. The Nurse will encourage you to use your incentive spirometer for deep breathing and use your pillow on your abdomen for coughing.
- You will start sipping liquids like water, progress to liquid diet such as juice and jello then to full fluids like cream of wheat, cream soups, yogurt and pudding.

EXERCISE INSTRUCTIONS continued:

- Expect some bruising around the incision. The dressing is removed on third day after the surgery. If you feel up to it, you can shower and pat the tapes (steristrips) dry. If not, you will be provided a basin of water for washing. The Nurse will reapply a dressing if you have drains. If you have no drains, your incision may be covered with a small dressing.
- It's important to move. At first, the Nurse or Physiotherapist will help you to the chair and assist you with walking. The more you get up from the bed, the more you walk, the better you will feel. It helps decrease gas pain and stimulates the return to normal bowel function.

DISCHARGE INSTRUCTIONS

- We strongly recommend that you prepare your home ahead of time for your return. Make sure you have your grocery shopping, laundry and cleaning done so that you can focus on your recovery. Consider making arrangements for assistance from family or friends should you need help managing at home. If any problems are anticipated, discuss them with the Nurse.
- If you have a drain and it has not been removed before your discharge, a Home Care Nurse may go to your home to assist with care until it is removed. This will be arranged for you before you go home.
- You can shower and pat the incision(s) dry. You can cover the incision with a small dressing if stitches are bothersome.
- At day 10 to 12 after your surgery, you will return to the surgical clinic to have your sutures removed (if you have them) and follow up with your Surgeon.
NOTE: You may also have tapes (steristrips) on the incision line. They will start to peel off. After day 7, you can remove them. Always pull the tape toward the incision line, not away from it.
- Do not take a bath, sit in a hot tub or swim for the first 2 weeks, or until your Surgeon tells you it is okay.
- It's important that you keep active – get up, sit in chair and go for a short walk.
- Begin a gradual return to your usual diet.
- Do not lift anything that would make you strain.
- See instructions: *Pain Management After Surgery.*

Do not hesitate to come into the Emergency Room if you are experiencing any of the following:

- fever over 38°C or 99.5°F,
- Increased pain, redness, swelling, smelly discharge or bleeding from the area,
- chest pain associated with increased pain when taking a deep breath,
- sudden pain or swelling in the calf of your leg,
- pain that is not relieved by your pain medications,
- any other unusual changes which are of concern to you.