

Ileo-Rectal Anastomosis Your Operation Explained

Introduction

This leaflet tells you about the procedure known as an Ileo-Rectal Anastomosis. It explains what is involved, and some of the common complications associated with this procedure that you need to be aware of. It is not meant to replace the discussion between you and your surgeon, but helps you to understand more about what is discussed with health professionals.

The digestive system

To understand your operation it helps to have some knowledge of how your body works.

When food is eaten it passes from the mouth down the oesophagus (food pipe) into the stomach. Here it is broken down and becomes semi-liquid. It then continues through the small intestine (small bowel), where food is digested and nutrients are absorbed.

The semi-liquid food is then passed into the colon (large bowel), where it becomes faeces (stools). The function of the colon is to absorb water into our bodies making the stools more solid. The stools then enter the rectum. When the rectum is full, the urge to evacuate is felt. The stools are then finally passed through the anus (back passage).

Why is the operation performed?

This operation is sometimes carried out for inflammatory bowel disease (Ulcerative Colitis or Crohn's Disease) that is not, or is no longer, responding to medical treatment. Occasionally it is necessary to remove the colon if a cancer has developed or if there is a high risk of a cancer developing. A temporary ileostomy (stoma) may also be necessary.

What is an Ileo - Rectal Anastomosis?

Your surgeon will have discussed with you why you need to have this operation.

This operation can be performed in one of two ways, either by the laparoscopic method (keyhole surgery) or by laparotomy (open procedure). You will receive further information and support from the Colorectal Nurse Specialist.

This operation involves removing the whole of the large bowel (colon). The ileum is then joined to the rectum.

A temporary stoma called an ileostomy may be required. You will receive further information and support from your surgeon and Colorectal Nurse Specialist.

What are the benefits of this procedure?

The operation is performed to remove the diseased colon and improve quality of life.

This aims to give you the best chance of cure or improvement in your bowel problems. Your surgeon will discuss with you your individual benefits from having this operation.

Are there any alternatives to surgery?

Your surgeon will discuss with you the various treatment options that may be available to you, depending upon your condition.

Surgery is usually recommended as the last treatment option, if all medical treatment has failed or if you have a life threatening condition.

What risks are there in having this procedure?

This type of operation is classed as major surgery and, as with any form of surgery, carries risks (including risk to life). Your Surgeon will discuss with you in more detail your individual risks.

Listed below are the minor and major risks due to surgery and hospitalisation.

Minor Risks – These risks are common:

- Urine Infection
- Chest Infection
- Wound Infection
- Nausea and Vomiting
- Paralytic Ileus(This is when the bowel stops working temporarily and is unable to absorb fluids/food)

Major Risks – These are rare:

- Deep Vein Thrombosis (DVT) - blood clot in the leg
- Pulmonary Thrombosis (PE) - blood clot in the lung
- Post-operative haemorrhage - bleeding in the abdomen
- Wound Dehiscence - abdominal wound opens
- Abdominal Collection - abscess in the abdomen (tummy)
- Injury to the bladder
- Injury to the pelvic nerves that supply sexual function and that control bladder continence
- Injury to other organs such as the small bowel, liver or spleen

Risk to life

Surgery for Ulcerative Colitis and Crohn's Disease is classified as major surgery. It can carry a risk to your life. Your surgeon will discuss this risk with you.

However, risks do increase with age and for those who already have heart, chest or other medical conditions such as diabetes, or for those who are overweight or smoke.

Bowel Function Following Ileo-Rectal Anastomosis

Bowel function will be erratic and unpredictable in the early days after surgery. Patients will experience the urgency to go to the toilet until the function settles. The stool will be semi-formed; anti-diarrhoea medication, Loperamide and Codeine Phosphate, may be prescribed to thicken up stools. Specific advice on how to take this is available from the Colorectal Nurse.

Use fragrance free baby wipes and a simple zinc based barrier cream after evacuation to combat anal itching or soreness due to seepage.

Patients will be advised to contact the Colorectal Specialist Nurse if these simple measures do not help as you may need referring to the Bowel Function Clinic.

Further Information:

The Colorectal Nurse Specialists are available Monday to Friday 8am to 4pm excluding Bank Holidays.

Colorectal Nurse Specialists:

Heartlands Hospital 0121 424 2730 (24hr answer phone)

Good Hope Hospital 0121 424 7429 (24hr answer phone)

Queen Elizabeth Hospital Telephone: 0121 371 4501 Email:

colorectalnursingcns@uhb.nhs.uk

Hospital Switchboard 0121 424 2000

IBD Nurse Specialists Gastroenterology:

Heartlands Hospital 0121 424 0434 (24hr answer phone)

Good Hope Hospital 0121 424 9687 (24hr answer phone)

Hospital Switchboard 0121 424 2000

Ileostomy Association

Freephone: 0800 018 4724

Telephone: 01702 549859

<http://www.iasupport.org/>

Crohns and Colitis UK organisation

0300 222 5700

Mon, Tue, Wed & Fri: 09:00 – 17:00

Thu: 09:00 - 13:00

0121 737 9931 (13:00 -15:30 Tuesday to Thursday, and 18:30 - 21:00 Monday to Friday)

<https://www.crohnsandcolitis.org.uk/>

Beating Bowel Cancer

Beating Bowel cancer provides medical advice to patients through a specialist nurse advisor line on 08450 719301 or email

nurse@beatingbowelcancer.org Website: <http://www.beatingbowelcancer.org/>

RADAR 0121 616 2942

NATIONAL key scheme to access disabled toilet facilities www.radar.org.uk then go to RADAR-SHOP

NHS Direct

Telephone 0845 4647 or visit them on the Internet at
<http://www.nhsdirect.nhs.uk>

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