



## **Total Colectomy**

### **Your Operation Explained**

#### **Introduction**

This leaflet tells you about the procedure known as Total Colectomy. 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 carried out for 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. Sometimes the operation is carried out for other reason, for example trauma to the colon, lack of circulation to the colon and colonic polyps.

#### **What is a Total Colectomy?**

Your surgeon will have discussed with you why you need to have this operation. Total colectomy can be performed in one of two ways, either by the laparoscopic method (keyhole surgery) or by laparotomy (open procedure). The surgeon will remove the whole of the large bowel and rectum, except for the anus.

The end of the ileum is formed into a stoma, called an ileostomy, which is positioned on the right-side of the abdomen.

You will receive further information and support from the Colorectal Nurse Specialist.

#### **What are the benefits of this operation?**

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.

#### **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.

## Information for Patients

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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 (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.

#### **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: [colorectalmnursingcns@uhb.nhs.uk](mailto:colorectalmnursingcns@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

## Information for Patients

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/>

**RADAR** 0121 616 2942

NATIONAL key scheme to access disabled toilet facilities [www.radar.org.uk](http://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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