

## **Sub Total Colectomy**

### **Your Operation Explained**

#### **Introduction**

This leaflet tells you about the procedure known as Sub 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 Sub Total Colectomy?**

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 top of the rectum is closed with sutures/staples and left inside the abdomen, this is known as a rectal stump. The rectum and anus (back passage) remain.

The end of the small bowel (ileum) is brought out onto the surface of the abdominal wall. This is called an ileostomy, and is positioned on the right-hand side of the abdomen. This ileostomy may be temporary or permanent. You will receive further information and support from your Colorectal Nurse Specialist.

## Information for Patients

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Sometime later your surgeon may be able to perform a second operation to reverse the ileostomy. Your surgeon will discuss this with you.

### 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. 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 (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.

### Rectal Discharge

Patients who have not had their rectum removed may pass some old blood, mucous or stool from time to time. Advice will be given to sit on the toilet and push normally to try and evacuate without straining. If patients are unable to control the discharge from the rectum, contact the Colorectal Nurse for advice.

Use fragrance free baby wipes and a simple zinc based barrier cream after evacuation to combat anal itching or soreness due to seepage. Wearing of a pad in underwear for rectal discharge is advised.

Patients with a diagnosis of Ulcerative Colitis and Crohns Disease can also contact the IBD Clinical Nurse Specialist for advice and support.

### Symptoms to Be Aware With Rectal Discharge

Following discharge from hospital, patients will be advised to contact the Colorectal Nurse if the following symptoms occur:

- Offensive discharge from the rectum
- Bleeding
- Feeling unwell
- Temperature

### 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)
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

Colorectal nurses Web site, lots of links and information  
<http://hgs.uhb.nhs.uk/meet-the-colorectal-nursing-team/>

Ileostomy Association  
Freephone: 0800 018 4724  
Telephone: 01702 549859  
<http://www.iasupport.org/>

Purple Wings  
<https://www.purplewingscharity.com/>

Crohns and Colitis UK organisation  
0300 222 5700

## Information for Patients

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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>

### **Our commitment to confidentiality**

We keep personal and clinical information about you to ensure you receive appropriate care and treatment. Everyone working in the NHS has a legal duty to keep information about you confidential.

We will share information with other parts of the NHS to support your healthcare needs, and we will inform your GP of your progress unless you ask us not to. If we need to share information that identifies you with other organisations we will ask for your consent. You can help us by pointing out any information in your records which is wrong or needs updating.

### **Additional Sources of Information:**

Go online and view NHS Choices website for more information about a wide range of health topics <http://www.nhs.uk/Pages/HomePage.aspx>

### **You may want to visit one of our Health Information Centres located in:**

- Main Entrance at Birmingham Heartlands Hospital Tel: 0121 424 2280
  - Treatment Centre at Good Hope Hospital Tel: 0121 424 9946
  - Clinic Entrance Solihull Hospital Tel: 0121 424 5616
- or contact us by email: [healthinfo.centre@heartofengland.nhs.uk](mailto:healthinfo.centre@heartofengland.nhs.uk).

### **Dear Patient**

We welcome your views on what you thought of this patient information leaflet, also any suggestions on how you feel we can improve through our feedback link below:

- Patient Information Feedback email: [patientinformationleafletfeedback@heartofengland.nhs.uk](mailto:patientinformationleafletfeedback@heartofengland.nhs.uk)

If you wish to make any other comments this can be done through the links listed below:

- Patient Opinion: [www.patientopinion.org.uk](http://www.patientopinion.org.uk)
- I want great care: [www.iwantgreatcare.org](http://www.iwantgreatcare.org) (Here you can leave feedback about your doctor)

Be helpful and respectful: think about what people might want to know about our patient information and this hospital and how your experiences might benefit others. Remember your words must be polite and respectful, and you cannot name individuals on the sites.

## Information for Patients

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If you have any questions you may want to ask about your condition or your treatment or if there is anything you do not understand and you wish to know more about please write them down and your doctor will be more than happy to try and answer them for you.

View Only  
Do not  
issue to  
Patients