



## Laparoscopic Colorectal (Bowel) Resection Your Operation Explained

### Introduction

This leaflet should be read together with a leaflet which explains the specific bowel surgery you are about to undergo. This will have been offered to you by your consultant surgeon or clinical nurse specialist. It does not replace the discussion between you and your surgeon but helps you to understand more about what is discussed.

### What is laparoscopic surgery?

An alternative to 'open' surgery is laparoscopic surgery. This is also known as 'minimally invasive' or 'keyhole' surgery.

The same part of your bowel (as described in your **operation leaflet** and discussed with your consultant surgeon) will be removed but this will not involve a large cut in your abdomen. Instead, four or five small cuts (five to 10 mm in length) are made in your abdomen into which small plastic tubes (ports) are inserted. Surgical instruments are passed through these ports to the inside of your abdomen. These instruments include a telescope and camera which allow the surgeon to see inside. A harmless gas is pumped into the abdomen to make the process possible. The diseased part of your bowel is then removed through a separate cut 5 to 7 cm in length.

Not every patient can have laparoscopic surgery. Previous surgery, on the abdomen in particular, may mean that this approach is not possible. Also, in a number of cases, there is a possibility that during the operation the laparoscopic surgery needs to be converted to open surgery. This is explained on page two. Your consultant surgeon will discuss with you whether a laparoscopic approach is possible and the likelihood of converting to open surgery during the operation. You will be asked to sign a consent form to confirm that you understand and agree to surgery.

### Advantages of having laparoscopic surgery

Having laparoscopic surgery means you are likely to:

- Have less pain after the operation.
- Have smaller scars.
- Have a reduced risk and severity of wound infection.
- Facilitate enhanced recovery:
  - Have a shorter hospital stay (three to five days).
  - Be able to eat and drink again straight after surgery.
  - Be able to get out of bed sooner.

Recover from surgery more quickly.

## Information for Patients

---

### Risks

As with any surgery there are risks. The risks associated with this surgery are the same as with any open surgery; please refer to your operation leaflet.

- **Injury to other organs in the abdomen**

A complication that can occur during laparoscopic surgery includes injury to other organs in the abdomen for example, the small bowel, bladder, ureters or spleen.

### Conversion to open surgery

In some cases, the operation cannot be completed through the keyhole incisions due to difficulties in ensuring the surgery can be done safely. A decision will be made to open the abdomen in the traditional way instead. This is to ensure the safe removal of the bowel and that an adequate join of the remaining bowel can be made. If this does happen, it may mean a slightly longer recovery and hospital stay. This will be discussed with you before your operation.

### After laparoscopic surgery

- You will find that you are able to resume daily activities sooner than you may have anticipated. Your recovery will be quicker because you will feel more comfortable.
- Many of the drips and tubes you have in place will be removed within the first 48 hours.
- You can eat and drink and move around as soon as you feel able to do so (some patients do this on the day after surgery).
- Nausea after this operation is common but can be treated with anti-sickness medication which you will be prescribed. The nurses will give to you if you request it.

### Recovery

- **Work**

If you work, you may return when you feel ready (major bowel surgery takes longer to recover average between 4- 6 weeks) and when your GP says you are fit enough. In the early period you may tire very easily, so it is important to gradually increase your activity before going back to work. Avoid lifting especially the first 4-6 weeks to prevent hernia from developing especially following stoma formation. You may be able to negotiate returning to work part-time if your employer agrees.

- **Driving**

Your doctor (GP or hospital consultant) will tell you when it is safe for you to start driving again. You are advised to contact your insurance company and seek advice.

**This leaflet was originally developed by a range of health care professionals and the copyright was through the former Pan Birmingham Cancer Network. The leaflet has now been adopted by Heart of England Foundation Trust and reviewed and revised in line with trust policy.**

**University Hospital Birmingham NHS Foundation Trust:**

### **Colorectal Nurse Specialist Teams (24 hour answerphone)**

Heartlands/Solihull Hospitals Telephone: 0121 424 2730

Good Hope Hospital Telephone: 0121 424 7429

Queen Elizabeth Hospital Telephone: 0121 371 4501 Email: [colorectalnursingcns@uhb.nhs.uk](mailto:colorectalnursingcns@uhb.nhs.uk)

## Information for Patients

---

### 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  
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 liked and suggestions for how things could be improved at this hospital. If you would like to tell us and others about your experience please make your comments through one of the following sites:

- NHS Choice:- [www.nhs.uk](http://www.nhs.uk)
- 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 this hospital or how your experiences might benefit others. Remember your words must be polite and respectful, and you cannot name individuals on the NHS Choice or Patient Opinion sites.

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

If you require this information in another format, such as a different language, large print, braille or audio version please ask a member of staff or email [patientexperience@uhb.nhs.uk](mailto:patientexperience@uhb.nhs.uk).