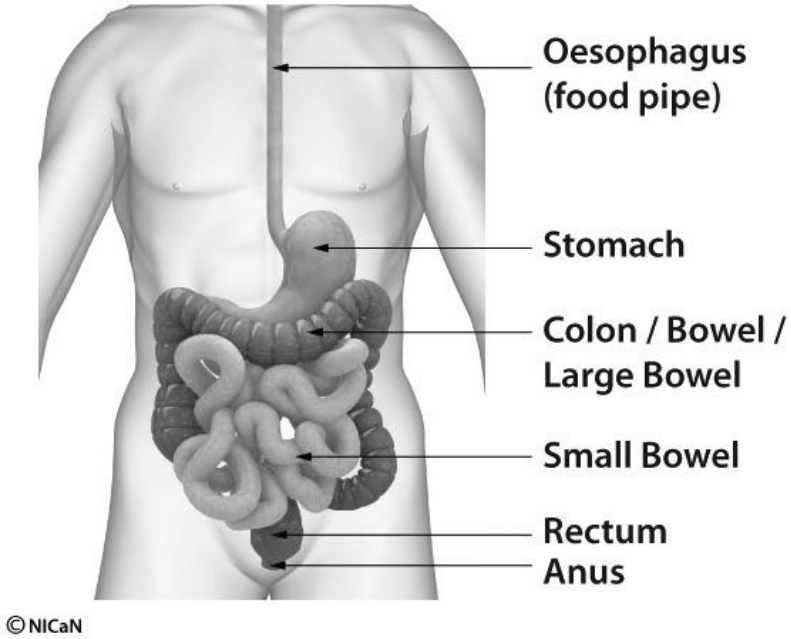
Right Hemicolectomy - Your operation explained

Information for patients

This leaflet tells you about the procedure known as a right hemicolectomy. It explains what is involved, and some of the common complications associated with this procedure that you need to be aware of. It does not replace the discussion between you and your surgeon but helps you to understand more about what is discussed.

The digestive system

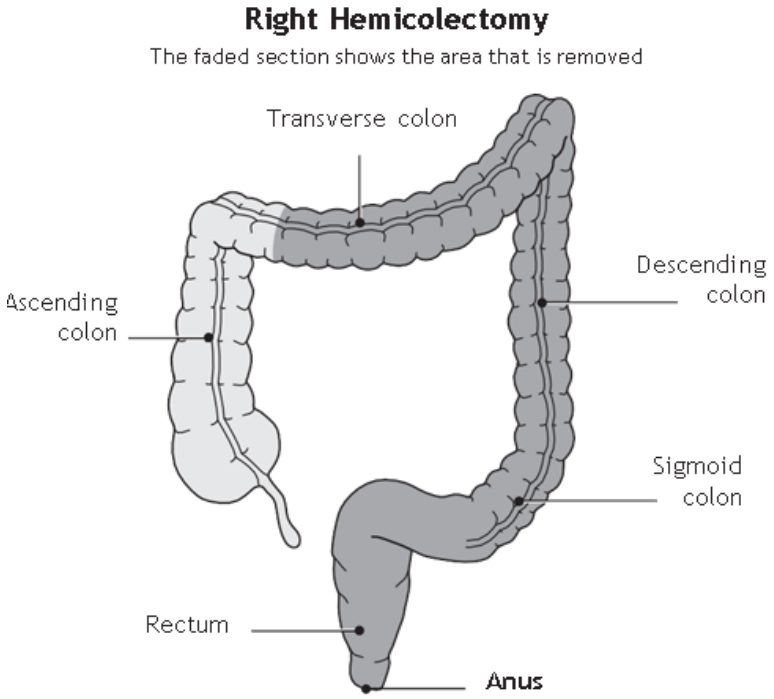
To understand your operation it helps to have some knowledge as to how your body works. When food is eaten it passes from the mouth down the oesophagus (food pipe) into the stomach. Here it is broken down and becomes semi-liquid. It then continues through the small intestine (small bowel), a coiled tube many feet long where food is digested and nutrients are absorbed. It then enters the large bowel; a shorter tube, where it becomes faeces (stools).



The main job of the colon (part of the large intestine) is to absorb water into our bodies making the stools more solid. The stools then enter the storage area called rectum. When the rectum is full, we get the urge to open our bowels. The stools are finally passed through the anus (back passage) when going to the toilet.

What is a right hemicolectomy?

This operation is necessary to remove the area of bowel that is diseased. A cut will be made in your abdomen (tummy). The surgeon will remove the diseased area of bowel and a length of normal bowel either side of it (in an attempt to remove any potentially diseased areas).



The two ends of healthy bowel are then joined by stitching or stapling them together (anastomosis). The wound on the abdomen will be closed either with clips or stitches. Any visible stitches or clips will need to be removed in around 7 – 12 days.

It is possible, but unlikely, that your operation will involve a temporary stoma (opening at the surface of the abdomen) to divert stools away from the surgical join in the bowel by stitching a section of the bowel onto the abdomen.

Stools that come out of the stoma are collected in a bag that covers it. A colorectal nurse will discuss this with you beforehand and also mark a suitable site on your abdomen in case a stoma is necessary.

Should a stoma be necessary, a second operation to reverse the stoma may be performed so the stools pass through your anus in the normal way. The timing of reversal is variable but is often a few months after the first operation. The timing will be discussed with you by your surgeon and colorectal nurse.

Before your operation, your surgeon and colorectal nurse will carefully explain the procedure involved, although details will vary according to each individual case. You will need to sign a consent form to confirm that you understand and agree to have surgery. Right hemicolectomy may be offered as laparoscopic surgery (keyhole surgery). The aim of this type of surgery is to:

- Reduce discomfort following surgery
- Minimise scarring

The risks remain the same as that of open surgery.

What risks are there in having this procedure?

Removing part of the bowel is a major operation. As with any surgery there are risks with the operation. These risks include;

Anastomotic leak
Sometimes the anastomosis (join in the bowel) leaks. Treatment with antibiotics and resting the bowel are generally suitable, however, this may be a serious complication which needs further surgery and formation of a stoma.

Ileus (paralysis of the bowel)
Sometimes the bowel is slow to start functioning after surgery which causes vomiting and delays you from eating and drinking normally in hospital. If this happens the bowel may need to be rested and a drip (a tube into a vein in your arm) is used to replace fluids (instead of drinking). In addition, you may need a nasogastric tube (tube in your nose which passes into your stomach) so that fluid in your stomach can be drawn off.

This helps to prevent nausea and vomiting, and remains in place until the bowel recovers. Sometimes further surgery is required but this will be discussed with you if it becomes necessary.

After any major operation there is a risk of:

Chest infection
You can help by practising deep breathing exercises and following the instructions of the physiotherapist. If you smoke, we strongly advise you to stop.

Wound infection
There is a risk that your wound may become infected. Antibiotics are given to help reduce the risk of this happening.

Thrombosis (blood clot in the leg)
Major surgery carries a risk of clot formation in the leg. A small dose of a blood thinning medication will be given by injection until you go home. You can help by moving around as much as you are able and in particular regularly exercising your legs. You may also be fitted with some support stockings for the duration of your stay in hospital.

Pulmonary embolism (blood clot in the lungs)
Rarely a blood clot from the leg can break off and become lodged in the lungs.

Bleeding
A blood transfusion may be needed. Very rarely, further surgery may be required.

Risk to life
Surgery for bowel cancer 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 if you are overweight or smoke.

What are the benefits of this procedure?

The operation is to remove the diseased bowel. In most cases this will give you the best chance of a cure or significant improvement in your bowel problems. Your surgeon will discuss this with you in more detail.

What are the alternatives?

If the operation has been recommended by your surgeon as the best treatment, not having this surgery is very likely to lead to further worsening of your health.

Depending upon your illness, you may develop a blockage of the bowel, leakage from the bowel into the abdomen or an abscess, all of which can be life threatening. If you have cancer the longer it remains the more likely it will spread and be incurable.

For most of the conditions where this surgery is advised the only alternative is medical treatment with drugs. Where there is a cancer of the bowel, drug treatment alone will not cure the disease. Your surgeon will discuss any queries you may have.

What are the consequences of treatment?

After any major bowel operation the function of the bowel can change. You may experience the following after your operation:

- Difficulty controlling wind
- Urgency or difficulty with bowel control
- Loose stools or diarrhoea

In most people, these improve with time but can take many months to settle down; this varies from patient to patient. You may sometimes need medication to help control your bowels. Please do not hesitate to contact your colorectal nurse for advice.

Before the operation

While you are waiting for your operation, it is important you try to prepare yourself physically. If you can, try and eat a well- balanced diet including: meat, fruit and vegetables. Take gentle exercise such as walking and get plenty of fresh air. If you smoke, we strongly advise you to stop.

Pre-admission clinic

To plan your operation and stay in hospital you may be asked to attend the hospital for a health check up to 2 weeks before your admission. This can take about 2 hours. If you are taking any medications please bring them with you.

A doctor or nurse will listen to your chest, check your blood pressure and may send you for other tests, for example, a chest X-ray and an ECG (electrocardiograph – a tracing of your heart). This information will help the anaesthetist plan the best general anaesthetic for you. Blood will also be taken to check for any abnormalities so that these can be corrected before your operation.

Personal circumstances

If you live alone and have no friends or family to help you, please let us know and we will try and organise some help or care for you. A social worker may come and discuss these arrangements with you.

Preparing for your operation

There are a number of different ways to prepare your bowel for the operation. Your doctor will discuss which option is best for you:

- You may be asked to follow a special diet for a few days
- You may need to take a mild laxative for a couple of days
- You may need a stronger laxative the day before surgery
- You may be given supplements drinks
- You may be given an enema (a fluid injection to the lower bowel) on the morning of your operation
- You may not need any of the above

It is important that you drink plenty of water during this time to prevent dehydration. Unless you are advised otherwise, you must stop eating 6 hours before your surgery and can then drink clear fluids (such as water or squash) until 2 hours before your surgery. This is to allow your stomach to empty and prevent vomiting during the operation.

Any important medication needed within 2 hours of surgery may still be given with a small amount of water. Pain relief will be discussed with you by your anaesthetist. You may be given analgesia (painkillers) through an epidural (tube in your back) or through a drip in your arm in the form of a PCA (patient controlled analgesia) hand held pump. This means you control the amount of painkiller you require.

If you would like to talk about this further, please ask the ward staff to contact one of the pain management nurses. A nurse will take you to theatre. Your operation will usually take between 2-4 hours.

After your operation

Immediately after surgery you may have a number of tubes attached to your body. You may have:

- An intravenous infusion (drip tube), usually in your arm to feed you with fluids and often used to give drugs as well
- A catheter (tube) in your bladder to drain urine
- A tube, either in your arm (PCA) or in your back (epidural), slowly releasing painkillers
- Drainage tubes at the site of the operation to clear away any oozing fluids around the operation site inside
- Continuous oxygen by a face mask or small tube placed through your nose. Most of the tubes are put in place whilst you are under anaesthetic (asleep). Over a period of 2 - 3 days many or all of these tubes will be removed.

People recover from surgery at different rates. The average stay in hospital is 4 - 8 days but you may need to stay in longer. This will be discussed with you by your surgeon or colorectal nurse. About 2 - 3 weeks after your surgery a report from histopathology (examination under the

microscope) on the piece of bowel removed during the operation will be sent to your surgeon. Dependent upon the results, further treatment may be offered, the details of which will be discussed with you. If there is an option for further treatment such as chemotherapy, an appointment will sometimes be made directly with an oncologist (cancer specialist).

When can I start to eat and drink?

Your bowel function may rapidly return to normal. Most patients should be able to have a drink when they wake and should be allowed to eat soon after. You should follow a low fibre diet for the first two weeks following bowel surgery. You will be given additional supplement drinks to make sure you are getting all the energy and nutrients you need.

If you have any questions about your diet, please ask your colorectal nurse who can advise you.

Being discharged home

Following your operation you may feel tired and weak, but as full recovery may take several weeks, there is no need to stay in hospital. Many people report that they feel better sooner at home. However, it will be necessary to make sure that there is someone to help with getting meals, cleaning your home and shopping.

For the first week or so at home you may find that you tire easily. Try to alternate light activity with periods of rest. A short rest in the day is often helpful during the first 2 - 3 weeks after being home. It is unwise to stay in bed for too long, as this slows down the circulation of the blood and increases the risk of developing a thrombosis (blood clot). Try to take some gentle exercise, like walking around the home or garden.

For the first 6 weeks do not lift anything heavy such as shopping or wet washing, or do anything strenuous like digging the garden or mowing the lawn. You should not drive until you can safely do an emergency stop. You may wish to consult your GP before driving again. It is also advisable to check your car insurance policy, as there may be a clause in it about driving after operations.

You may feel some pain and ‘twinges’ around your wound for several months. This is normal as it takes a while for full healing to take place. Taking a mild painkiller regularly will help you feel better and aid your recovery. If the pain does not seem to improve or you are worried, contact your GP or colorectal nurse. The length of time between your return to work following this type of surgery will depend upon the type of work you do. Ask your GP or surgeon for advice.

You may resume sexual activity when it is comfortable for you. If you are unsure, please speak to your GP, surgeon or colorectal nurse. Within a few weeks you will normally be sent an appointment to see your surgeon. If the results on the piece of bowel removed during the operation are not available to give to you before you go home, an earlier outpatient appointment may be arranged.

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

Follow us on Twitter @uhbcolorectal

The Patrick Room Cancer Centre
Queen Elizabeth Hospital Edgbaston
Birmingham B15 2TH Telephone: 0121 697 8417

Cancer Information and Support Centre Good Hope Hospital
Rectory Road
Sutton Coldfield B75 7RR Telephone: 0121 424 9486

Health Information Centre Birmingham Heartlands Hospital Bordesley Green
Birmingham B9 5SS Telephone: 0121 424 2280

Further Support:

Local:
Birmingham Cancer Support Centre (Help Harry Help Others): 0121 783 5407; www.hhho.org.uk
Sutton Cancer Support Centre: 0300 012 0245; www.suttoncancersupport.org
The Holly Trust (Bowel cancer support group): www.hollytrust.org.uk

National:
Bowel cancer UK
Call us on 020 7940 1760. We're open Monday to Friday 9am-5pm
Email us at admin@bowelcanceruk.org.uk

Ileostomy Association
Birmingham branch: 0121 3552745/07842 555070
Email: Mike Jameson mike.jameson@iasupport.org
www.birmingham.iasupport.org

Beating Bowel Cancer
Beating Bowel cancer provide medical advice to patients through a specialist nurse advisor line on 08450 719301 or
Email nurse@beatingbowelcancer.org
Website: http://www.beatingbowelcancer.org/

Patient Voices

The Patient Voices Group is part of Beating Bowel Cancer and is the only UK national patient-to-

patient network for people with bowel cancer.

The group has also expanded to include close relatives of bowel cancer patients. Members of the group are willing to help in a number of ways including patient to patient support, raising awareness, and fundraising.
General enquiries: 08450 719301

Macmillan Benefits

Advisor present

Alternate Tuesdays at Good Hope Hospital Sheldon Unit

Alternate Thursdays at Heartlands Hospital

Macmillan Cancer Line
0808 808 0000
www.macmillan.org.uk

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