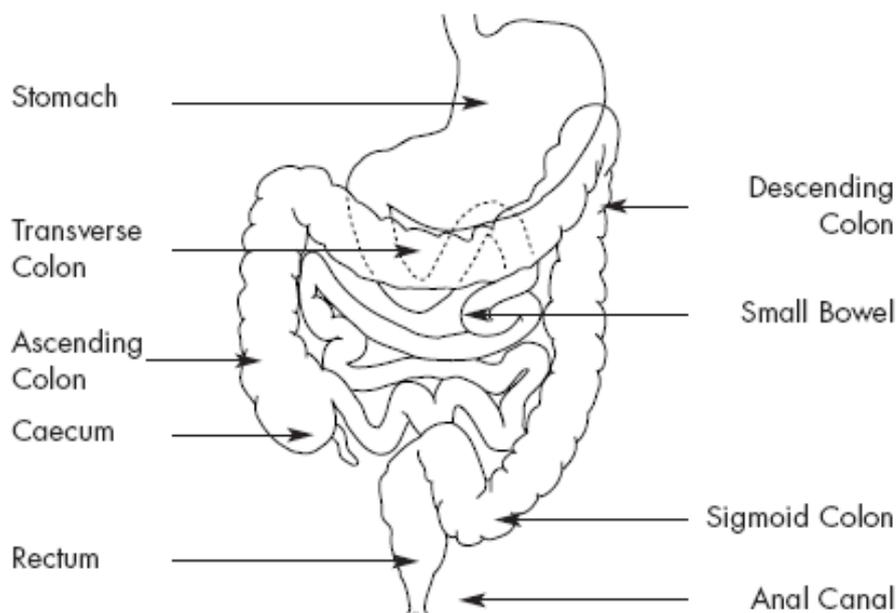


General Surgery

Pan Procto Colectomy

This operation involves having a general anaesthetic and usually takes approximately three to four hours. You will need to be in hospital for about ten to fourteen days. This operation is carried out for Ulcerative Colitis or Crohn's Disease that does 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. The whole of the large bowel (colon) and rectum is removed. The end of the ileum (small bowel) is formed into a stoma, called an ileostomy, and is usually positioned at the front of the right-hand side of the abdomen. The anus (back passage) is 'closed' (stitched). In preparation for the operation, the ward nurses will give you medication that cleans out the bowel the day before your operation.



After the operation

When you wake up after the operation you will have a number of tubes attached to your body, all of which will be temporary:

- A drip will be in your arm – this allows fluid to be given to you continuously



Patient Information

- A tube called a venflon will be in your arm – this is used to slowly release medication that will ease any pain
- A flexible tube called a catheter will be in place – this will drain your urine away into a bag
- A drainage tube may be in your abdomen – occasionally the surgeon performing your operation may feel it is necessary to insert a drain near to the wound, this enables wounds to heal quickly and cleanly
- A tube into your stomach via your nose is sometimes required to alleviate nausea
- Oxygen is often given via a mask over your nose and mouth for a day or two
- A stoma pouch on the right side of your abdomen over your ileostomy

As you recover the ward nurses will remove these tubes within a few days of the operation.

Complications of surgery

A pan-procto colectomy operation carries a small risk of damage to a nerve that is in your pelvic area. If this nerve is damaged it can affect both urinary and sexual function. Please discuss the risks of surgery with your surgeon who will be able to give you specific information about your individual risk.

Bleeding

There is a small chance that bleeding into the pelvis may occur after the operation, but often this stops by itself. If it does not stop by itself a second operation may be needed to stop the bleeding.

After major surgery there is a risk of chest infection, wound infection and thrombosis (blood clots). Whilst you are in hospital the ward staff will take steps to reduce the risks of this happening to you.

Chest infection

You can help by practising deep breathing exercises and following the instructions of the physiotherapist.

Wound infection

The risk of this is increased with bowel surgery. Antibiotics will be given to you through the drip to help prevent this. You can help by eating food rich in protein and vitamins as soon as you are able to.

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Thrombosis

This is due to changes in the circulation during and after surgery. A small dose of heparin will be injected daily until you are walking around. You can help by moving around as much as you are able and by exercising your legs whilst in the chair or in bed. You will also be given some support stockings to wear for the duration of your stay in hospital.

Your surgeon will discuss all risks of surgery with you before you are admitted to hospital.

Diet and nutrition

Most people who have had bowel surgery are concerned about what they will be allowed or able to eat after the operation.

Your surgeon will tell you when it is all right to start eating again; this is usually once you have passed wind through your ileostomy, a few days after the operation. To start with have light, easy-to-digest foods like jelly, ice cream and soup. Once you are able to eat light foods without problems, you can eat whatever you feel like and encourage you to return to a normal diet.

It is important to try and put the weight back on that you may have lost during your illness. In order for healing on both the inside and outside of your body to take place the nutrients and vitamins from your food are required. Weight gain may take several weeks and is quite normal.

Whilst you are in hospital the ward staff can arrange for a dietitian to come and see you. Please ask if you would like to see them.

Sometimes the perineal wound (bottom) takes several weeks to heal properly and may require dressings for several weeks. The community nursing team can continue this following your discharge from hospital.

Your Colorectal Clinical Nurse Specialist (CNS) will provide you with specific information about your diet with regard to your ileostomy.

Stoma care – ileostomy

The Colorectal Clinical Nurse Specialist (CNS) will teach you how to look after the stoma. The nurse will begin teaching you when you are feeling better and able to concentrate, this is usually within a few days of surgery. Whilst you are learning the ward staff will also support and assist you in how to care for the stoma.

There is more information available in the booklet that is specifically about ileostomy care.

Patient Information

For further information:

Colorectal Clinical Nurse Specialists

Abby Barnwell, Sarah Taylor	024 7696 5617
Helen Taylor	024 7696 5616
Katrina Turner	024 7696 5825
Claire Jackson, Debbie Smith	024 7696 5753

Please note that there are other patient information leaflets that you may find useful such as:

- Going home following colorectal surgery
- Enhanced recovery programme

Local services

Age UK Coventry		024 7623 1999
Age UK Warwickshire		01926 458100
Bowel Screening Unit		01788 545166/667737
Cancer Information Centre	Main Entrance UHCW	024 7696 6052
Health Information Centre	Main Entrance UHCW	024 7696 6051
Coventry Macmillan Care Team	Hospital Community	024 7696 5498 024 7623 7001
Rugby Macmillan Care Team.	Community	01788 555119
GUT (Cancer Support Group for Coventry & Warwickshire)		024 7696 6475
Hospital Chaplaincy	Hospital	024 7696 7515
Bowel Clinical Trials Nurse	Hospital	024 7696 7151
Specialist Genetic Nurse	Hospital	024 7696 4000
Surgical Counselling Service	Hospital	024 7696 6188
Oncology Counselling Service	Hospital	024 7696 7290
Complimentary Therapies	Hospital	024 7696 7290
Psychosexual Therapy	Hospital	024 7696 7290
Citizens Advice Bureau	Coventry Rugby	024 7625 2050 (appointment only) 0844 855 2322
Coventry Carers Centre	Support for carers	024 7663 2972
Guideposts Trust	Support for carers	024 7638 5888

Patient Information

Also available at University Hospital:

Physiotherapy, Occupational Therapy, Dietitian Service, Social Services

National contact numbers

Association of Coloproctology for Great Britain and Ireland	http://www.acpghi.org.uk/
Beating Bowel Cancer	020 8892 5256 0845 0719 301 (Helpline) www.beatingbowelcancer.org
Benefit Enquiry Line	Freephone 0800 882200
National Cancer Institute (American)	www.cancer.gov
Bowel Cancer UK	020 7381 9711
Colostomy Association	0800 328 4257 www.colostomyassociation.org.uk/
CORE (The Digestive Disorders Foundation)	020 7486 0341 www.corecharity.org.uk
The Ileostomy & Internal Pouch Support Group (IA)	0800 018 4724 www.the-ia.org.uk
Macmillan Cancer Support	0808 808 0000 www.macmillan.org.uk
Marie Curie Cancer Care	0800 716 146 www.mariecurie.org.uk

The Trust has access to interpreting and translation services. If you need this information in another language or format please contact 024 7696 5617 and we will do our best to meet your needs.

The Trust operates a smoke free policy.

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