

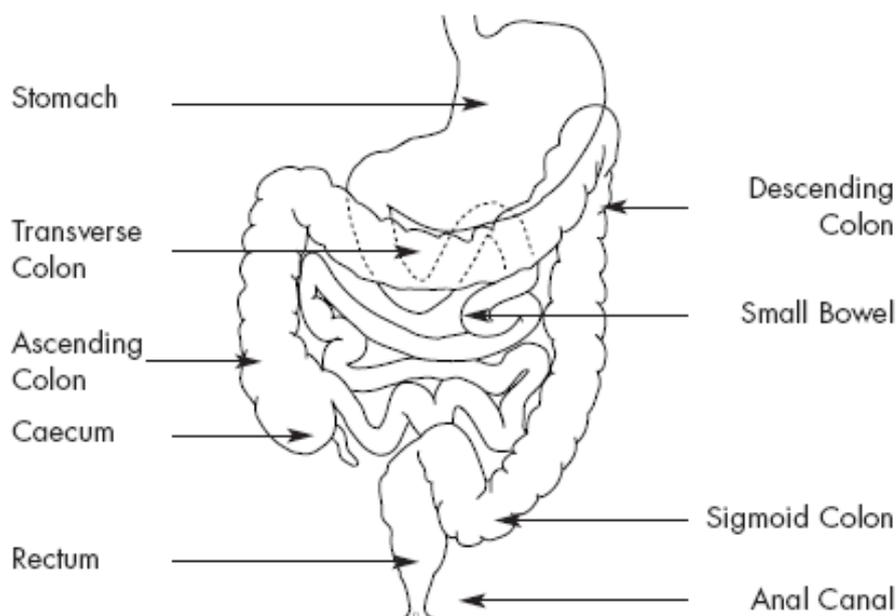
General Surgery

Sigmoid Colectomy

This operation involves having a general anaesthetic and usually takes approximately two hours. It is carried out for cancers or polyps in the middle parts of the sigmoid colon. The sigmoid colon is removed and the descending colon is attached to the upper rectum with stitches or staples.

Your length of stay in hospital is dependent upon you achieving pre-set goals as you recover. These will be explained to you beforehand.

You will be told to take a low residual diet for two days before your operation.



After the operation

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



Patient Information

- A drip will be in your arm – this allows fluid to be given to you continuously. Sometimes a drip is placed into a vein in your neck. This makes it easier to give you fluids and drugs after your operation.
- Pain relief will be given either through a drip in your arm or neck or through a small tube into your back called an epidural.
- A flexible tube called a catheter will be placed into your bladder. 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.

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

Complications of surgery

For all patients undergoing bowel surgery there is a chance that the internal wound that joins your bowel together will not heal satisfactorily. If this happens a leak from your bowel of its contents could occur. Sometimes this will heal by itself without further treatment; if it does not heal by itself a second operation may be needed to correct the leak.

After any major operation there is a risk of chest infection, wound infection and thrombosis (blood clot). Whilst you are in hospital the ward staff will take steps to prevent these 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 a diet rich in protein and vitamins as soon as you are able to.

Thrombosis

This is due to changes in the circulation during and after surgery. A small dose of a blood thinning drug 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.

Patient Information

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. In most cases it will be quite soon after your operation. To start with have light, easy to digest food such as jelly, ice cream and soup. Once you are able to eat light foods without problems, you can return to a normal diet.

Bowel function

The first few days after your operation you probably won't go to the toilet. Your bowel needs time to adjust after it has been handled during surgery. When your bowel is ready you will notice that you begin to pass wind. Usually, once this happens you will feel the need to go to the toilet. It is expected that for about two weeks your motion (faeces) will be soft and even watery and you will need to go to the toilet two to three times a day. This will improve in the following month. As your motion (faeces) thickens you will not need to go to the toilet as many times a day. Your Colorectal CNS will answer any questions you may have about your bowel function. You can ring the CNS at any time once you are home and she will advise you about what is the best way to manage your bowel function.

For further information:

Colorectal Clinical Nurse Specialists (CNS)

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

Local Services

Age UK Coventry Age UK Warwickshire		024 7623 1999 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

Patient Information

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

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

Patient Information

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

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