

General Surgery

APR – Abdomino-perineal excision of the rectum and anal canal

This operation involves you having a general anaesthetic. The operation usually takes 4 hours.

You will need to be in hospital for about 7 to 10 days.

This operation is carried out for cancers or polyps in the lower part of the rectum and anal canal. The lower sigmoid colon, rectum and the anal canal are all removed. This is the part of the bowel that controls when you go to the toilet, and without them you would be incontinent.

So this does not happen, your surgeon will form a stoma called a colostomy. Bringing the end of your bowel out onto the surface of your abdomen where it is stitched to the skin makes the colostomy.

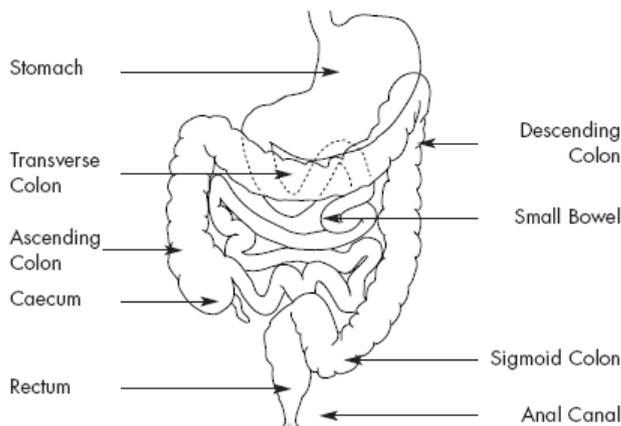
The surgeon will sew up the gap that has been created (where your bottom was) and the wound will be left to heal up.

You will need to have a low fibre (low residue) diet for 2 days before you come into hospital for surgery. You will be given more information about this.

On the day of surgery, you will be given an enema to clean your bowel and back passage



Patient Information



After the operation

When you wake up after the operation, you will have several tubes attached to you. These will be temporary:

- A drip (intravenous fluids) will be in your arm through a small tube called a cannula. This allows fluid to be given to you continuously.
- Another cannula may be used to slowly release medication that will ease any pain. This is from a device called a PCA (patient-controlled analgesia). Alternatively, you may have an epidural (pain relief) through a fine tube in your back.
- A flexible tube called a catheter will be in place into your bladder. This will drain your urine away into a bag
- A drainage tube may be in your abdomen. Occasionally, the surgeon may need to insert a drain near the wound. This enables wounds to heal quickly and cleanly.
- A tube into your stomach through your nose is sometimes required to reduce nausea

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

Complications of surgery

The APR operation carries a small risk of damage to a nerve that is in your pelvic area. If this nerve is damaged, it may 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.

Patient Information

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

Chest infection

You can help reduce the risk of infection developing by practising deep breathing exercises and following the instructions given to you by the physiotherapist.

Wound infection

The risk of wound infection 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 into your abdomen. These injections will continue for 28 days after your surgery, so you will be taught to do this yourself and continue with them at home.

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 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 worried about what they will be allowed to eat after the operation. Your surgeon will tell you when you can start eating again. In most cases, it will be soon after your operation.

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When you are allowed eat, you will start on a light diet. But you will soon be able to eat whatever you feel like. You are encouraged 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. For healing on both the inside and outside of your body to take place, nutrients and vitamins from your food are required.

While you are in hospital, the ward staff can arrange for you to see a dietitian. Please ask if you think this would be useful.

Your colorectal clinical nurse specialist (CNS) will provide you with specific information about your diet after your colostomy.

Stoma care - colostomy

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 after the surgery.

While 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 a booklet that is about colostomy care. Please ask staff for a copy if you would like this.

For further information:

Colorectal Clinical Nurse Specialists

Michelle Hicken, Helen Taylor, Hannah S, Sarah Thompson, Caroline Ling, Deepa Phillips. Telephone: 024 7696 5825

There are other patient information leaflets that you may find useful:

- Going home following colorectal surgery
- Enhanced recovery programme

Patient Information

Local services

Service	Location	Phone number
Age UK Coventry Age UK Warwickshire		024 7623 1999 01926 458 100
Bowel Screening Unit		01788545166/667737
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

Patient Information

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

Service	Website or phone number
Association of Coloproctology for Great Britain and Ireland	http://www.acpgbi.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

Patient Information

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

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