

Colorectal Services

Anterior Resection (Robotic Assisted Surgery)

This operation involves having a general anaesthetic (you will be asleep for the operation) and usually takes around four hours. Your length of stay in hospital is dependent upon you achieving pre-set goals as you recover; these will be explained to you beforehand. This operation is carried out for a cancer or polyp in the rectum or lower part of the sigmoid colon, or for a condition called diverticular disease. The sigmoid colon and most of the rectum are removed and the descending colon is attached to the rectum with stitches or staples.

You will be advised to take a low fibre diet for 2 days before your operation and your Specialist Nurse will let you know if you need any medicine or enemas to clear out the bowel.

Robotically Assisted Colorectal Surgery

Anterior Resection operations can be performed as a traditional open operation, a laparoscopic (key hole) operation, and in this hospital, we are also able to offer a robotic assisted approach. Please see the images below.

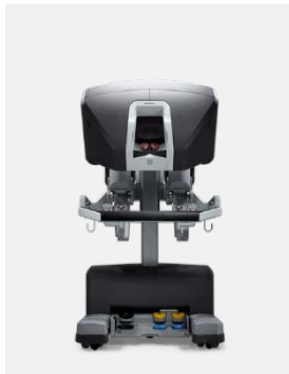
Robotic assisted surgery involves the surgeon operating, using a console that allows them to see in 3-D, high definition, and control laparoscopic instruments within the body that have additional range of motion. This allows the surgeon to operate in a precise, controlled manner with a better range of movement.



Patient Information

Please see the images below.

Components of the robot



Surgeon Console



Patient Side Cart



Vision Stack

Images used with permission from "[Intuitive](#)".



Image produced by UHCW.

UHCW Robotic operating theatre with robot attached to patient. The surgeon is sat at the console in the corner.

What the robot offers



Images used with permission from "[Intuitive](#)".

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We have been performing robotic surgery this way since February 2015 and have now performed over 350 cases. We feel that it offers a greater chance of the operation remaining as a keyhole surgery and potentially reduces the risk of nerve damage within the pelvis.

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.

- A drip will be in your arm which 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 medications after your operation.
- Pain relief will be given either through a drip in your arm/neck or through a small tube into your back called an epidural.
- 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 (tummy). Occasionally the surgeon performing your operation may feel it is necessary to insert a drain near to the wound. This allows 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

Bowel leakage

For all patients having bowel surgery, there is a chance that the internal wound that joins your bowel together will not heal satisfactorily. There is a risk of developing a pelvic collection (collection of infected fluid, or an abscess). 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.

During the operation, if your surgeon thinks that you are at a high risk of 'leaking' then they will form a temporary stoma (an opening in the surface of the abdomen). This is to divert the bowel contents away from the two

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ends of bowel that have been sewn together. The Specialist Bowel Nurse will provide information about a temporary stoma and will see all patients who are planned to have an anterior resection operation.

Nerve damage

The anterior resection operation carries a 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. Your surgeon will discuss this with you and will be able to give specific information about your individual risk.

After any major operation there is a risk of chest infection, wound infection and thrombosis. Whilst you are in hospital the ward staff will take steps to reduce the risk of 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 medicine will be injected before your operation and afterwards, for 28 days 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, until you finish Clexane (blood thinning medicine).

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 are able to eat after the operation.

Your surgeon will tell you when you can start eating again. In most cases it will be quite soon after your operation. When you are able to eat, you can eat whatever you feel like and you will be encouraged to return to a normal

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diet. A light diet initially with foods that are easily digestible is recommended.

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 happen the nutrients and vitamins from your food are needed.

Whilst you are in hospital the ward staff can arrange for a dietitian to come and see you. If you would like this please ask.

Please ask your Colorectal Specialist Nurse about your diet if you are concerned.

Bowel function: for patients without a temporary stoma

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 bowel motion (faeces) will be soft and even watery and you will need to go to the toilet several times a day.

This will improve in the following weeks and will start to become more formed and less frequent. Your Colorectal Specialist Nurse will answer any questions you may have about your bowel function. You can ring the Colorectal Specialist Nurse once you are home and she will advise you about what is the best way to manage your bowel function.

Bowel function: for patients with a temporary stoma

The Colorectal Specialist Nurse will teach patients with a temporary stoma how to look after the stoma. The nurse will begin teaching you when you are feeling able to concentrate which is usually within a few days of surgery. Whilst you are learning, the ward staff will also support and assist you on how to care for the stoma.

Patient Information

For further information:

Colorectal Specialist Nurses

Michelle Hicken
Helen Taylor
Sarah Thompson
Hannah Wilson
Caroline Ling
Deepa Philip
Fay Toal
Karen Faulkner

Tel 024 7696 5825

Local Services

Age UK Coventry		024 7623 1999
Age UK Warwickshire		01926 458 101
Bowel Screening Unit		01788 545166/667737
Macmillan Cancer Information Centre	Main Entrance UHCW	024 7696 6052
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
Chaplaincy (Hospital)	Hospital	024 7696 7515
Bowel Clinical Trials Nurse	Hospital	024 7696 7151
Specialist Genetic Nurse	Hospital	024 7696 4000
Surgical Counselling	Hospital	024 7696 6188

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Service		
Oncology Counselling Service	Hospital	024 7696 7290
Complimentary Therapies	Hospital	024 7696 7290
Psychosexual Therapy	Hospital	024 7696 7290
Citizens Advice Bureau	Coventry	024 7625 2050 (Appointment only)
	Rugby	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.acpgbi.org.uk/
Cancer Black Care	020 8961 4151 www.cancerblackcare.org
National Cancer Institute (American)	www.cancer.gov
Bowel Cancer UK	www.bowelcancer.org.uk

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

The Trust has access to interpreting and translation services. If you need this information in another language or format please contact 024 7696 6101 and we will do our best to meet your needs.

The Trust operates a smoke free policy.

To give feedback on this leaflet please email feedback@uhcw.nhs.uk

Document History

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