

Colorectal Department

Hartmann's Procedure

What is a Hartmann's Procedure?

Hartmann's Procedure is an operation performed on the bowel and takes its name from a professor of surgery, Henri Hartmann.

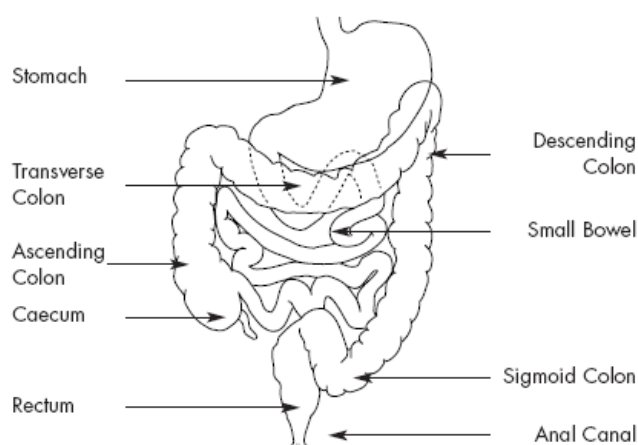
Hartmann's Procedure involves removal of a section of the lower colon (large bowel) and an opening made in the left side of the abdomen to form a new outlet for bowel contents (faeces). This is known as a colostomy, or is sometimes called a 'stoma'. The top of the rectum is sealed off inside and is often described as a 'rectal stump'.

This means that the rectum and anus are bypassed, but the rest of the colon will still function as normal.

Depending on the reason for your operation and general health, the colostomy may be either temporary or permanent. Your surgeon will discuss this with you.

The operation involves having a general anaesthetic and usually takes approximately two hours. Your length of stay in hospital is dependent on you achieving pre-set goals as you recover. These will be explained to you beforehand.

Sometimes this type of operation has to be carried out as an emergency.



Patient Information

Why do I need this operation?

Usually a section of the large bowel, called the sigmoid colon, has been damaged by disease or injury and the section involved needs to be removed. It may be carried out for cancer or a polyp or for a condition called diverticular disease.

Temporary colostomies

If your colostomy is temporary, your surgeon will tell you when you can undergo further surgery to rejoin the bowel. This will depend on your individual circumstances and general health, but you can usually expect to have your colostomy for at least three to six months. The operation is called Reversal of Hartmann's Procedure.

Stoma care

The Colorectal Clinical Nurse Specialist 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 colostomy care.

What happens to my back passage?

Although the rectum and anus have been bypassed, you will still experience the urge to go to the toilet in the normal way from time to time. It is quite normal to pass a clear jelly-like substance (mucus) from the back passage. Occasionally this may be discoloured. Sometimes faeces may still be present in the rectal stump and you may experience a normal bowel movement. If you are worried in any way, or find the mucus from the back passage troublesome, please contact your specialist nurse who will help and advise you.

After the Operation

When you wake up after the operation you will have a number of tubes attached to you.

Patient Information

- A drip (intravenous fluids) will be in your arm via a small tube called a cannula which allows fluid to be given to you continuously.
- Pain relief will be given either through a device called a PCA (Patient Controlled analgesia) via a cannula in your arm , or through a small tube into your back called an epidural.
- 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 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 are risks involved. You may be at increased risk of wound infection if your surgery has been carried out as an emergency. Please discuss the risks of surgery with your surgeon and they 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 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

Patient Information

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.

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 alright to start eating again. 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 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 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 Clinical Nurse Specialist about diet if you are concerned.

Further information

For further information or if you have any concerns please contact:

Colorectal Clinical Nurse Specialists (CNS)

Abby Barnwell, Sarah Taylor 024 7696 5617

Helen Taylor 024 7696 5616

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Claire Jackson, Debbie , Caroline
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Patient Information

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
Chaplaincy (Hospital)	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 (Appointments 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.acpgbi.org.uk/
Beating Bowel Cancer	020 8892 5256 www.beatingbowelcancer.org

Patient Information

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.

Document History

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