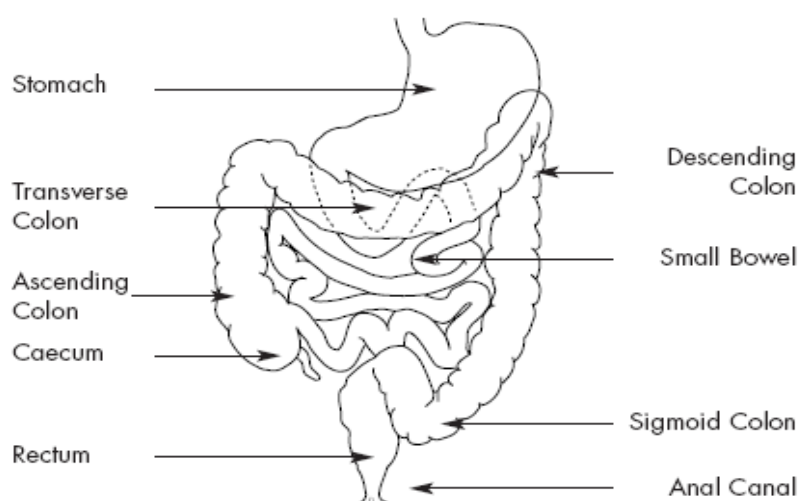


Colorectal

Sub Total Colectomy

This operation involves having a general anaesthetic (an anaesthetic is a medicine that sends you into a deep sleep while you have your operation) and usually takes around three to four hours. You will need to be in hospital for about seven to ten days. The operation is usually carried out for Ulcerative Colitis or Crohn's Disease that does not, or is no longer, responding to treatment. Occasionally it is necessary to remove the colon (large bowel) if a cancer has developed, or if there is a high risk of cancer developing. Sometimes the operation is carried out for other reasons, for example, trauma to the colon or lack of circulation to the colon. The whole of the large bowel is removed except for the anus (back passage). 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) no longer functions to pass faeces (bowel motion), but occasionally produces a small amount of mucous that can be passed into the toilet in the normal way.

You will **not** require any bowel preparation to clean out your bowel before surgery.



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
- A tube will be in your arm called a venflon – 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 (tummy) – 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 reduce 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 sub total colectomy 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.

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.

Patient Information

After any 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 reduce the risk of infection developing 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 (blood clot)

This is due to changes in the circulation during and after surgery. A small dose of a blood thinning medicine 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. 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 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. In order for healing on both the inside and outside of

Patient Information

your body to take place, the nutrients and vitamins from your food are required.

Whilst 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 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.

Follow up

If you have had this operation for Ulcerative Colitis your Consultant will discuss with you the need for continued surveillance of your rectum.

For further information:

Colorectal Clinical Nurse Specialists

Telephone 024 7696 5825

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

- Going home following colorectal surgery
- Enhanced recovery programme

Patient Information

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
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

Patient Information

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/
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

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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.

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

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