RANA HOSPITAL

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Patient Information Leaflet

Anterior Resection of the Rectum

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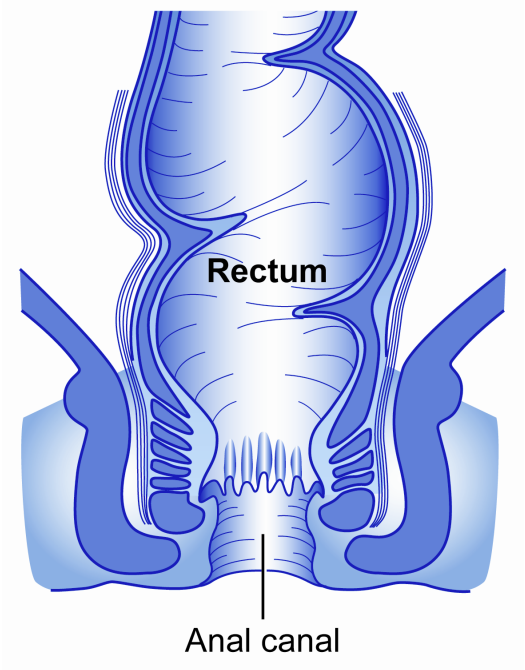
What is the rectum?

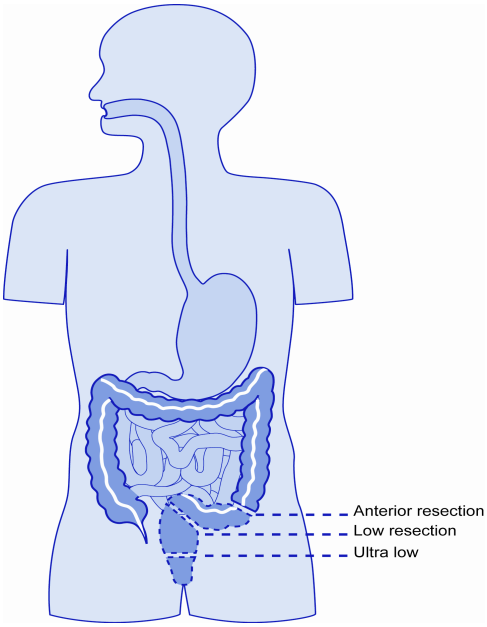
The large bowel is the last part of the intestines and consists of the colon and rectum. The colon runs up on the right side of the abdomen (the ascending colon), across the abdomen (the transverse colon) and down the left side (the descending colon), onto the sigmoid colon and finally ending in a wider portion called the rectum. The rectum is the storage organ at the end of the bowel.

The lower end of the bowel is usually empty, except for occasionally when a large pressure wave or mass movement propels the stool into the rectum. This mass movement is often stimulated by activity or eating. There is a great variation in bowel activity between people with normal bowel function. Some people always open their bowels several times per day; others only ever go once every two or three days, or even less often. Either can be normal, as long as there is a regular pattern to the bowel habit, the bowels are easy to empty and there is not excessive urgency or hurry to go.



What is an anterior resection?

An anterior resection of the rectum is an operation to remove part or the entire rectum. The surgeon will cut out this part of the bowel and sew or staple the two remaining ends together. Your surgeon may recreate the rectum by using the colon to form a colonic pouch. Sometimes it is necessary to rest the 'join' in the rectum and form a temporary stoma called an ileostomy (or very occasionally a colostomy). The purpose of the stoma is to keep the bowel motions away from the join whilst it heals. If you require a temporary stoma it is usual for you to meet a stoma care nurse before the operation to discuss this in more detail.



What preparation is needed before the operation?

The pre-operative preparation can be divided into two categories:

- physical preparation
- psychological preparation

Physical preparation

Before you come into hospital for your operation, you should keep up your calorie intake and try to maintain your usual levels of activity – as your health allows.

You may be asked to attend a pre-operative assessment in the out-patient department a week or two before your admission date. During this appointment, blood will be taken for routine tests and you will be asked some questions about your general state of health by both nurses and doctors. A surgeon will visit you to discuss your operation and you will be asked to sign a consent form. It is important that you fully understand what operation is planned and what the likely benefits and possible side-effects are. The nurse will assess you physically to understand your needs and plan your care accordingly. This is a good time to discuss any further questions that you have about the operation.

On admission to hospital, you may be asked to wait in the day room of your ward for a few hours. During this time you may meet other health care professionals such as the anaesthetist and physiotherapist. The anaesthetist will check that you are fit for an anaesthetic and discuss suitable pain relief for you, after the operation.

You can drink as much as you like until a few hours before the operation. You may be given two high energy drinks the day before your operation.

In some cases your surgeon may give you some medicine to empty your bowels. If you are asked to take this laxative, you will usually experience some abdominal cramps and have your bowels open several times very urgently – so make sure you know where the toilets are! The nurses can give you some soothing cream and a pad if you need one. In other cases your surgeon may decide that your bowel does not need preparing in this way, or he/she may ask you to have an enema in order to empty the last part of the bowel.

You will usually be given some white stockings to wear during and after the operation. It is also usual for you to be given a small injection in your arm once a day. Both of these measures help prevent blood clots in your legs.

Psychological preparation

Your psychological preparation starts in the outpatients' clinic when the diagnosis and choices of treatment are discussed with you. It may be appropriate to include any relevant family members as you wish. This will help to reassure you and aid your recovery.

The evening before your operation the nurses will be able to give you an idea of the approximate time of your operation. But be prepared for delays as there may be emergency patients to be fitted in.

What will happen when I come back from the operating theatre?

On return to the ward you may feel quite sleepy but will be aware of the drips and drains that are present. You might have a dressing over the surgical wound on your abdomen. This will be protecting the wound from the risk of infection and will be renewed by the nurse as necessary. A drip will be placed in your arm in order to maintain your hydration and give you some energy. A catheter is placed into your bladder in order to drain urine away. This is so the nurse can monitor your fluid balance to ensure you remain hydrated.

Sometimes it may be necessary for a tube to be left to drain blood from the abdomen and very occasionally for a tube to be inserted through the nose and into the stomach to stop you from feeling sick. The creation of an ileostomy may also have taken place. If so, a clear drainable bag will be adhered to your skin in order to collect any effluent. Both the ward nurse and the stoma care nurse will be able assist you in the early days until you have learnt the skills of stoma care to be independent.

We will aim for you to be as pain free as possible. Some discomfort is to be expected, particularly when getting in and out of the bed or chair although do ask the nurses or physiotherapist to show you the easiest way to do this. Painkillers will usually be given either through a continuous infusion which might be an epidural or via a pump called patient controlled analgesia (PCA). After the first few days following your operation your painkillers will be changed to be given by mouth regularly. Please discuss with your nurse if you feel that your pain is not well controlled.

Some patients will be allowed to drink within twelve hours of the operation and possibly starting to eat again the day of surgery. This will depend on your operation and your surgeon may prefer to wait until they can hear sounds in your bowel through a stethoscope and you have passed wind. This can take a few days and until this happens, you may clean your teeth or gargle. As your bowel sounds begin you will first be allowed small amounts of fluid, gradually building up to being able to drink as much as you like. Your individual surgeon will advise you how much you can safely eat and drink. Once you are drinking normally (over a litre per day) and you have no sickness or hiccups, the drip will be removed and you will usually be encouraged to start eating a light diet.

You may find that you have a sore throat or husky voice for a few days after the operation. This is because the tube used to help you breathe during the operation often bruises the delicate skin in your throat and vocal chords. Gargles may help ease any soreness, which should go within a few days.

We will usually get you up into a chair the first day after your operation. This is to help get your circulation moving. The stockings on your legs may feel hot, but they are very important whilst you are not fully mobile, to help to prevent blood clots. We recommend that you try to avoid crossing your legs whilst lying in bed or sitting in a chair. While you are in bed it is also a good idea to point your toes up and down and to gently exercise your legs. You should sit up rather than lying flat and take six deep breaths an hour, expanding your chest as fully as possible. The physiotherapist will probably visit you and show you some chest exercises and help you cough any phlegm up off your chest. If deep breathing is painful you should discuss pain relief with your nurse and try to get as comfortable as possible before the physiotherapist visits. You will also be encouraged to go for short walks up and down the wards, up to four times a day.

You can have a bath or shower as soon as you feel able, often within a day or so after the operation. You are bound to feel a little wobbly at first, so ask for help as you need it or at least let your nurse know where you are going and use the nurse call button if you need to.

After the first few days the amount of nursing care you receive will decrease as you become increasingly independent. The catheter will usually stay in your bladder for one or two days until you are able to get to the toilet yourself. Your wound may be secured with glue, stitches or by clips. Clips and non-dissolvable stitches usually need to be taken out after 10 days.

It can be difficult to sleep well in hospital due to the change of surroundings, the need for observation and the tubes attached to you. Some patients also experience

strange dreams in the first few nights after the anaesthetic. You should find that your sleep improves after the first week or once you have returned home. In the first few days you will therefore feel tired and may want to request only close family and friends visit and to keep visits quite short.

When will my bowels start to work again?

Your bowels will usually start to make sounds after 2 to 3 days. It may take 4 to 5 days to have a bowel action. This is not cause for concern. At first your bowel may only be able to hold a small amount of motion at any one time as its storage capacity has been reduced. Whilst the bowel will adapt over the first three months after the surgery, initially you may open your bowels up to 4 times a day.

If you have had an ileostomy formed you may first notice wind passing into the bag followed by loose motions, one or two days after the operation. Although the bowel motions are being diverted through the stoma, some mucus will continue to be passed via your back passage. You may find it helpful to sit on the toilet after breakfast in the morning and push gently to encourage the mucus to drain. Some people find it necessary or comforting to wear a pad for protection.

There is plenty of information and support available if you have an ileostomy formed. The stoma care nurses will show you how to care for your stoma once you feel up to it. Before you leave hospital we will make sure you feel able to manage your stoma, that you have enough stoma supplies and all the necessary contact telephone numbers.

How long will I be in hospital?

We will usually want you to stay in hospital for 3 to 8 days after the operation, but this can vary a lot between individuals. If you go home early we will arrange for the district nurse or practice nurse at your GP's surgery to take out any remaining stitches.

How long should I stay off work?

The time taken to get back to normal activities varies a lot for different people. Do as much as you feel comfortable doing. If you need to take painkillers these may make you drowsy, so you should avoid driving or operating machinery. If lifting causes you discomfort you should avoid it. You should not drive until you feel confident that you could manage an emergency stop.

Most people need about four weeks off work, but this will depend a little on what you do and it is important for you to pay attention to your body, balancing doing as much as you feel able to with exercising enough to regain your strength and confidence.

You should try to avoid excessive walking or sitting still until your wound has healed. It would also be unwise to go swimming until the area has completely healed. You can resume sexual activity as soon as this feels comfortable.

What am I able to eat and drink?

You may find that you do not have much of an appetite at first. If you feel sick medicines can help, so ask your nurse. There is no hard and fast rule about what you should or should not eat. The old saying “a little of what you fancy does you good” is a good one to follow. Eat what you feel like, little and often is usually better than large heavy meals. Food with a low residue (low fibre) and easily digested is usually best at first. You may find that spicy food and a lot of salad or fruit will upset you. It may be a case of “try and see” with certain foods. Try to keep up your energy levels by having a good calorie intake. It is quite common to lose a little weight. Try to drink at least six to eight cups of fluid per day.

Getting back to “normal”

Having an operation can be a stressful experience, physically and emotionally. In the first weeks at home you may have some days when you feel quite low and this is normal. Some people find that it can take some months to adjust emotionally to the surgery. When you first go home you are likely to feel tired and unwell for a while. Things will get better. Some people report that it takes them three to six months to feel completely back to their normal selves, others recover much more quickly. It is common to feel a bit low in the first weeks and to become frustrated that you cannot do everything that you would like to do. Be patient!

Initially your bowel actions are very likely to be loose, unpredictable and quite urgent. It can take several months for this to settle and for you to develop a predictable pattern. Your bowel function is unlikely to be exactly the same as it was before your operation, so your expectation of what is “normal” for you may need to be adjusted. It takes time for the bowel to compensate and it may never completely do so. If diarrhoea becomes a persistent problem, discuss this with your doctor. There are medicines to help firm the stool and some people do need to take medicines on a permanent basis. If you find that you leak from the bowel or do not always make it to the toilet in time, there are exercises that can help.

A few men may have difficulties passing urine in the first few weeks after surgery, which generally resolves as the swelling around the operation settles. Some people experience sexual difficulties after major abdominal surgery. For men there can be difficulty with achieving an erection because of bruising around the nerves in the pelvis. Some women find that the shape of the vagina feels different after the surgery and that it feels dry. Experimenting with different positions for intercourse and the use of lubricants may help. It is normal to feel a little wary and anxious at first. If difficulties persist, do discuss this with your doctor as often help is available.

Closure of the ileostomy

If a temporary ileostomy is required, your surgeon will discuss with you after the operation when this may be closed, thereby allowing the bowel to function as before. Three months may be required for the join to heal. You can delay the closure without any harm, if this is more convenient. You will be reviewed in the outpatient department and a gastrograffin x-ray of the rectum may be performed to check that the join is water-tight.

The operation to close the stoma requires a general anaesthetic and will require a stay in hospital of two to five days. You will have a drip in your arm and a small dressing covering the stoma site. You will be able to drink after a day or two and then eat again as the bowels begin to work. Your bowels may be quite urgent, loose and frequent for the first few days and you may experience some abdominal cramping as a result. You should however find that you are back on your feet quite quickly and you will not feel tired or sore for more than a few days once a home.

What should I do if I want further information?

Please call Rana Hospital's clinical support staff at helpline: 098141-28667.

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