Patient information

Anterior Resection

Colorectal Surgery - Aintree Hospital

This booklet aims to help you to understand your condition and the operation you will have and contains some of the questions you may want to ask about your operation and the care you will receive.

You have been diagnosed as having a cancer in the rectum and you may have already received treatment in the form of chemoradiotherapy, if this is part of your treatment plan.

The usual treatment following chemoradiotherapy (if given) is surgery to remove the piece of bowel involved and join the two ends together. The join is called an 'anastomosis'.

This operation can be performed in one of two ways - either by laparoscopic method (keyhole surgery) or by laparotomy (open procedure). Your Surgeon and Specialist Nurse will provide you with more information.

The nurses and doctors looking after you will use diagrams to help explain. If you have any questions or would like them to go over any information again, please ask and they will be happy to do so.

Several other booklets are also available and the Nurse Specialists will supply these if you wish - please don’t be afraid to ask.

The **Colorectal Nurse Specialists** (keyworker) can be contacted on:

Tel: 0151 529 8196 / 8164
Text Phone Number: 18001 0151 529 8196/8164

Your call may be answered by an answer phone - leave your name and phone number). The service is available 8.00 am to 4.30 pm, Monday to Friday (excluding bank holidays).

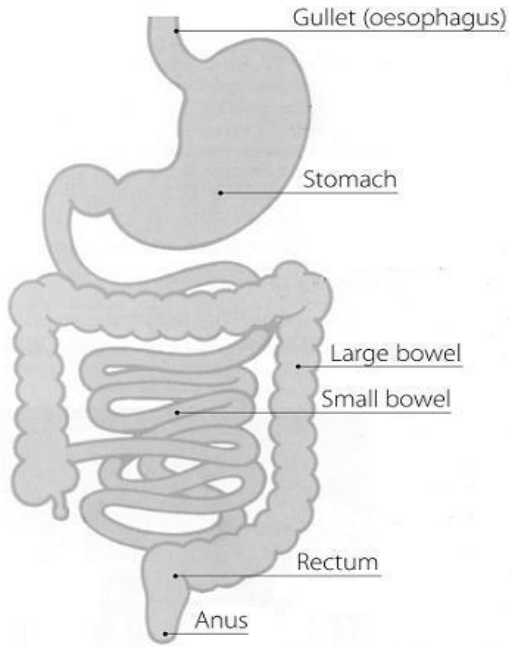
Understanding digestion

To understand the operation you will be having it is helpful to have some knowledge of how your body works.

When food is eaten it passes from the mouth down the gullet (oesophagus) into the stomach where it is broken down into a semi-liquid.

This then continues through the small bowel, which is a coiled tube many feet long where digestion of nutrients takes place and where most of these nutrients are absorbed into the body.

Following this the waste products (faeces) pass through the large bowel (colon) into the back passage (rectum) and to the back passage opening (anus), for passing out of the body when we go to the toilet. The main function of the colon is to absorb water and make your motions firm.



What is bowel cancer?

Bowel cancer is a disease of the large bowel and rectum where malignant cells grow and multiply, forming a growth or tumour which is called a cancer.

Many bowel cancers will start as a polyp (small bump on the lining of the bowel or rectum). Most polyps will remain benign throughout life, but some will turn into a cancer.

Bowel cancer is the third most common cancer in the UK with around 40,000 new cases each year. It is usually treated by having an operation to remove it.

What causes bowel cancer?

At present the cause is unknown, although some families and individuals with another underlying bowel condition do seem to be more at risk of developing the disease.

People with a strong family history of bowel cancer may also be considered a higher risk for developing bowel cancer.

What are the benefits of surgery?

The main benefit of surgery is that the part of the large bowel or rectum that is affected by the disease is removed. This will help to relieve any symptoms you may be experiencing, including bleeding from the back passage. Your Surgeon will discuss with you your individual benefits from having this operation.

Are there any alternatives to surgery?

Surgery is the only option with a chance of cure. Your Surgeon will discuss with you any treatment options that may be available to you; this will depend upon your underlying condition.

What are the risks of surgery?

This type of operation is classed as major surgery and as with any form of surgery, carries risks including risk to life (less than 5% will not survive surgery). Your surgeon will discuss with you in more detail your individual risks.

All operations carry a risk from anaesthetics but this is minimised due to modern techniques.

You will meet the anaesthetist prior to your surgery who will explain in more detail, the type of anaesthetic you will receive and any individual specific risks.

Listed below are the minor and major risks due to surgery and hospitalisation.

Minor risks – these risks are common

- Urine infection – insertion of a urinary catheter carries a small risk of introducing a urinary infection.
- Chest infection – it is important to be able to take deep breaths and cough effectively after your bowel operation in order to reduce the risk of breathing problems and chest infection. The physiotherapist and nursing staff will help with this.
- Wound infection and wound breakdown: Although all measures are used to reduce the risk of wound infection, bowel surgery is classified as a contaminated surgery.

  Your wound will be checked regularly during your stay. After discharge, you will be contacted by one of the nursing team to check on how you are, including your wound. It is very rare wounds require emergency treatment. If you feel you need assistance please contact one of the nursing team in the first instance.
- Often a quick assessment and some reassurance is all that is required.
- Paralytic Ileus This is when the bowel temporarily stops working and is unable to absorb fluids/food. This is a particular risk of bowel surgery. The bowel can be slow to start working after surgery or become obstructed. If this occurs the bowel needs to be rested for a few days until it starts to work again.

  A drip may be placed in your arm to replace drinking and a tube may be inserted through the nose into the stomach to reduce nausea and vomiting.

Major risks – these risks are rare

- Heart attack (myocardial infarction).
- Deep Vein Thrombosis (DVT) - blood clot in the leg. This is a risk of any major surgery. You can help yourself by mobilising as quickly as possible following your surgery.

You will be given support stockings to wear during your stay and will have Enoxaparin injections for 28 days post-surgery. To help thin the blood. You are likely to take a supply home following discharge and you will be shown how to inject yourself at home.

- Pulmonary Thrombosis (PE) - blood clot in the lung. Occasionally, a blood clot can break off from your leg and travel to your lung. It is rare and can be treated with blood thinning injections.
- Post-operative bleeding in the abdomen. This is rare but if it does happen you may require a blood transfusion.
- Leak at the anastomosis - where the bowel fails to heal at the join and bowel content can leak through a weakness in the join. This is a rare but significant complication and carries approx. 2-5% risk. If this happens you may need to return to theatre to have this fixed.
- Abdominal Collection - abscess in the abdomen. This can occur following any bowel surgery and may require drainage.
- Injury to the bladder.
- Injury to the pelvic nerves that supply sexual function.
- Injury to other organs such as the spleen or liver.

Long term after effects

- A hernia or weakness around the wound/stoma.
- Adhesions – scarring on the inside, causing tissue to adhere to itself.

Laparoscopic risk (keyhole surgery)

Due to the nature in which keyhole surgery is carried out, there is a small risk of injury to the bowel, solid organs like the liver /spleen. The risk of this happening in Aintree Hospital is very low (0.67%). If this occurs, you will be fully informed about it and you may need urgent surgery to rectify this.

Formation of a Stoma

With any surgery on the left part of the large bowel, there is a risk that the join (anastomosis) made by the surgeon, may fail to heal properly during the recovery process.

Therefore, to protect this join and allow it to heal, part of the large or small bowel may be brought out onto the surface of the abdominal wall. This is known as a **Stoma.**
Your Surgeon will discuss with you your individual risk of having a stoma formed.

This is likely to be temporary and further surgery to reverse the stoma will be discussed at a later date.

If you are likely to require a stoma, an appointment will be made for you to see the stoma nurse specialist who specialises in the care and education of patients with a stoma (also known as a colostomy or ileostomy, depending on the type of surgery you have had).

Before your operation the nurse specialist will mark your abdomen (tummy) with a skin marker pen, this is known as **Siting.** This is to guide your surgeon to the best possible place to bring out the stoma if it is necessary.

Your **Stoma Nurse Specialist** will provide more information about a stoma. They can be contacted directly on:

Tel: 0151 529 3837
Text Phone Number: 18001 0151 529 3837

(Your call may be answered by an answer phone – leave your name and number), between 8.00 am and 4.00 pm, Monday to Friday (Excluding Bank holidays).

What will happen before the operation?

You will be seen in the Pre operative Assessment Clinic a few weeks before your operation, where routine blood tests and an ECG (tracing of the heart) will be carried out.

They will also ask you about your past medical history and any medications you are taking. It will be useful to bring your medication list or packaging with you.

This is particularly important if you are taking blood thinning agents such as warfarin or Clopidogrel as these would need to be stopped prior to surgery.

An exercise test called CPET (cardiopulmonary exercise test) will also be arranged. This test involves you riding an exercise bike which will help determine how your heart and lungs function under stress.

If any further tests are required, the Pre operative Assessment Nurse will discuss this with you.

Surgery is performed at the main Cancer Centre in the Royal Liverpool Hospital.

You will be asked to attend the Surgical Forward wait on the day of surgery. This is located on the second floor. A letter will have been sent to you with the details.

Following the surgery, you will go to ward 5D Royal Liverpool Hospital, unless it has been specified that you will require a High Dependency Unit (HDU) bed. You will spend the next few days recovering from your surgery on the ward.

If your bowel needs to be cleared of any bowel motions before surgery this will be decided on an individual basis and will be discussed with you during your pre-operative assessment.

How can I best prepare for my treatment?

There are some things that may help your body to prepare for surgery which in turn will aid recovery.

- Try to take gentle exercise such as walking and get plenty of fresh air.
- You will be referred to our Prehabilitation service and a separate information leaflet will be given to you explaining this in further detail.

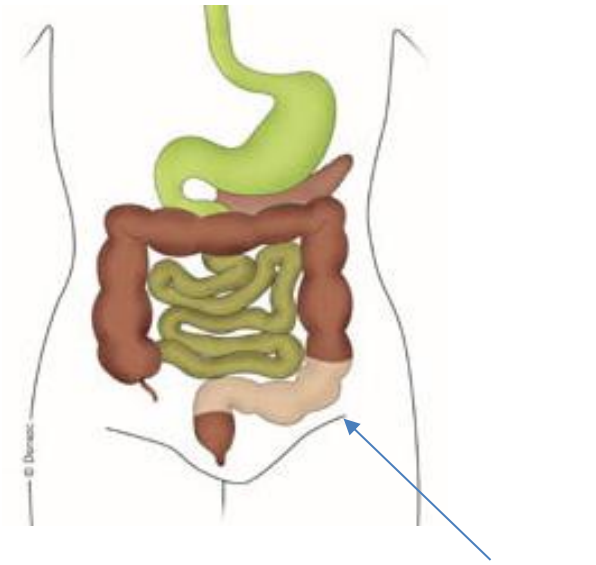
- If you are able, try to eat a well-balanced diet including protein, fruit and vegetables.
- If you smoke, try to quit before your operation. Your GP or practice nurse will be able to give advice for stopping smoking.

How will the operation be carried out?

You will have an operation to remove the piece of bowel affected by disease and the two ends of the bowel will be joined together. The join is called an ‘anastomosis'.

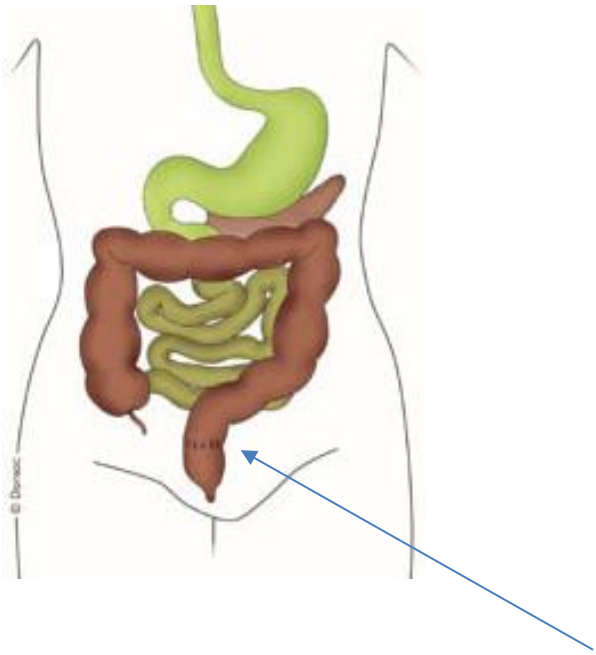
It will be under general anaesthetic and will be either laparoscopic (keyhole) or open surgery. Your surgeon will give you more information about this.

Figure One: Before the Operation



Affected part of the large bowel to be removed

Figure Two: After the Operation



Affected part of Large Bowel has been removed and the ends joined together

What to expect after surgery – the Enhanced Recovery Programme

Immediately after the operation you are likely to have

- Oxygen through a face mask.
- A drip into a vein in one of your arms to give you fluid.
- A catheter (tube) in your bladder to drain away urine.
- Medication to deal with pain from the incision. This may be given as an epidural (through a fine tube in your back) A rectus Sheath catheter or through a drip. Your anaesthetist will explain this to you.
- A wound drain if required.

Here at Liverpool University Hospitals NHS Foundation Trust, we practice an Enhanced recovery programme.

This is a programme that works closely with patients, families and other health professionals in order to promote speedy recovery and safe discharge home.

Essentially this programme means you will be allowed to eat and drink from the night after your operation and you will be encouraged to mobilise (walk around) from the first day after your operation.

You will be given an Enhanced Recovery booklet which will explain this in more detail.

Arrangements will be made to remove the surgical clips from your abdomen by the ward staff. They will either refer to a District nurse or your local walk-in centre treatment room. Please ensure you clarify this at the time of discharge.

In addition, you will be discharged with a course of heparin injections to reduce the risk of blood clots in your lungs and legs (embolism).

One of the nursing team will contact you three and seven days post discharge to check how you are getting on. If they feel you need an earlier assessment, to check the wound for example, you will be brought into a HOT clinic. This avoids unnecessary lengthy waits in AED.

If you have any questions then you should contact the nurse specialist who will explain the programme to you.

What effect on my health will the operation have?

It is possible to remove part of the rectum without affecting good health in the long term.

The operation involves removing most or part of your rectum, i.e the storage part. This means that the capacity to hold motion is smaller and may result in you having to make more frequent visits to the toilet. In some cases individuals may experience urgency or even incontinence.

This is more common in the early period following surgery and frequently improves as time passes.

However, some individuals may experience problems for longer and may need further assessment and intervention, especially if they have had radiotherapy and a stoma.

Your nurse Specialist team will assist you with this. If your surgery involves a stoma, the stoma specialist nurse will teach you to care for it and will give you the support and advice you need whilst in hospital and after discharge.

Will I need further treatment?

After your surgery, the resected part of the bowel is sent to the histopathologist to be examined closely under the microscope. This may take one to two weeks.

This will provide us with the information we need to determine whether or not you would benefit from further treatment i.e chemotherapy.

If this is the case an appointment with an oncologist (cancer specialist Doctor) will be arranged a few weeks after your surgery.

Your surgeon or specialist nurse (keyworker) will discuss this with you either as an inpatient if you still remain in hospital or as an outpatient or over the telephone if this is what you prefer.

Will I be able to eat normally afterwards?

Yes, because the large bowel deals mainly with waste you will be eating normal, healthy food by the time you go home from hospital, although your appetite may take a while to return to normal.

People are affected in different ways by certain foods, and some of the things you eat may affect the way in which your bowel works. If you have a stoma, the stoma nurse specialist will be able to advise you.

Occasionally patients need to go on a low residue diet (foods that are easily digested and absorbed by the body). This will be decided on an individual basis by your consultant. Once your bowel function has settled you can resume your normal diet.

How will I feel when I get home?

You are likely to feel very tired and need to rest during part of the day, but this fatigue should improve with time.

Take things gently at first, but gradually increase the amount of activity you do - the key to good recovery is getting the right balance between plenty of rest, gentle exercise and good food.

How soon will I be able to resume normal activities?

Each person is an individual and will return to normal activities at their own pace. However, it would be wise not to drive until you are able to perform an emergency stop, please check with your car insurance provider. Discuss any questions or worries you have with your Specialist Nurse.

When will I have to come back to hospital?

An outpatient appointment will be arranged for you when you go home approx. six to eight weeks after discharge.

If you do not receive an appointment to see your surgeon, please inform the nurse specialist.

It is usual for a patient to be followed up for some time after discharge, although how often you attend the Outpatients Department is based on your own individual needs and treatment plan. You may see either a doctor or a Specialist Nurse when you attend and there will be routine investigations occasionally such as CT scans, colonoscopies and blood tests.

If you have been referred for other treatment such as chemotherapy this may be given here at the Marina Dalglish unit, following an initial consultation with the oncologist at the Clatterbridge centre based here on the Aintree site.

Open Access Follow up and Supported Self-Management – When your treatment has come to an end and your well on your way to a full recovery the CNS and another member of the team called an Open Access Navigator, will chat to you about What this entails. You will attend a workshop and well-being events as part of your follow up and can track your appointments via a computer from the comfort of your own home. This reduces hospital appointments without affecting the effectiveness of your surveillance.

Feedback

Your feedback is important to us and helps us influence care in the future.

Following your discharge from hospital or attendance at your outpatient appointment you will receive a text asking if you would recommend our service to others. Please take the time to text back, you will not be charged for the text and can opt out at any point. Your co-operation is greatly appreciated.

Macmillan cancer information and support centres

Liverpool University Hospitals NHS Foundation Trust also has the support of three Macmillan cancer information and support centres.

These centres offer advice and help to anyone affected by cancer. They offer information on all aspects of cancer as well as running welfare and benefits advice clinics and complementary therapies.

They are situated in the main hospital foyer, ground floor of the Elective Care Centre and in the Marina Dalglish Unit.

They can be contacted on
Tel: 0151 529 4036 / 4742.
Text Phone Number: 18001 0151 529 4036/4742

Useful addresses and websites:

BeCause Support Group
Run by Helen McDermott
Mobile 07948120955
Meeting Room B on the 1st Tuesday every month
Oakvale Medical Centre. L15 6UT

Bowel Cancer UK
Tel: 020 7940 1760
www.bowelcanceruk.org.uk

Macmillan Cancer Support
www.macmillan.org.uk

MacMillan Cancer Information Centre
Clatterbridge Centre for Oncology
Clatterbridge Road
Bebington
CH63 4JY
Tel: 0151 482 7722

Colostomy Association
Head Office
2 London Court
East Street
Reading
RG1 4QL
Tel: 0118 939 1537
Helpline: 0800 587 6744/0800 328 4527
www.colostomyassociation.org.uk

Macmillan Cancer Information Centre and Benefits Advice
Ground Floor, Linda McCartney Centre
Royal Liverpool Hospital
Tel: 0151 706 3720
Delamere Macmillan Information and Support Service
Halton Hospital
Hospital Way

Sunflowers Cancer Centre
21 Aigburth Road
Liverpool L17 4JR
Tel: 0151 726 8934
www.liverpoolsunflowers.com

Author: Colorectal Surgery Department – Aintree Hospital
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All Trust approved information is available on request in alternative formats, including other languages, easy read, large print, audio, Braille, moon and electronically.

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