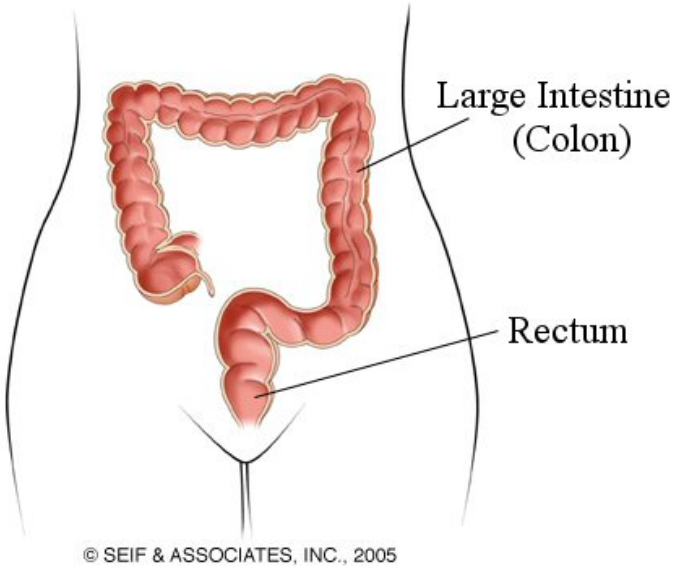
Colon Resection
Pre-op and Procedure

Colon resection is surgery to take out part or all of the large intestine (*colon*). It is also called a colonectomy.

CAUSES

There are several reasons this surgery may be needed. They include:

- Colon cancer.
- A blockage (*obstruction*) in the colon. Sometimes this is caused by scar tissue. Blockage can also be the result of an infection.
- Diseases that can cause swelling and soreness inside the colon. This includes inflammatory bowel diseases, such as:
  - Crohn's disease.
  - Ulcerative colitis.
- An accident that harmed the colon.
- Growths in the colon that are not cancerous (*polyps*). They can cause bleeding. They can also turn into cancer over time. Sometimes colon resection is used to prevent this.



The colon is the last part of the intestine that waste goes through on its way to the anus, where it leaves the body. If part of the colon is taken out, the ends of the healthy colon that are left are sewn together. In most people, bowel movements can continue normally after they have recovered from the surgery. Sometimes though, not enough healthy colon remains. If this happens, an opening is made in the belly (*abdomen*), and waste is collected in a bag outside of the body that travels through this opening. This is called a colostomy. Not everyone who has a colon resection needs a colostomy.

BEFORE THE SURGERY:

- A medical evaluation will be done. This may include:
  - A physical examination.
  - Blood tests.
  - A test to check the heart's rhythm (*electrocardiogram*).
  - Special X-rays, such as magnetic resonance imaging (MRI). This can take pictures of the colon. An MRI uses a magnet, radio waves and a computer to create a picture of your colon.
  - Talking with the person who will put you to sleep during surgery (*anesthesiologist*). They control the medicine (*anesthesia*) that keeps you free from pain during the surgery. Colon resection is done while you are asleep (*under general anesthesia*). If you have any questions, talk with your anesthesiologist or surgeon.
- The person having a colon resection will need to give what is called informed consent. This requires signing a legal paper that gives permission for the surgery. Signing should be witnessed by a healthcare professional. To give informed consent you must:
  - Understand how the procedure is done and why.
  - Be told all the risks and benefits of the procedure.
  - Sign the consent. Sometimes a legal guardian can do this.
- Other preparations include:
  - Two weeks before the surgery, stop using aspirin and non-steroidal anti-inflammatory drugs (NSAIDs)

for pain relief. This includes prescription drugs and over-the-counter drugs. Also stop taking vitamin E.
- If you take blood-thinners, ask your healthcare provider when you should stop taking them.
- Do not eat or drink anything for 8 to 12 hours before the surgery. Ask your caregiver if it is Okay to take any needed medicines with a sip of water.
- Before coming to the hospital, the colon must be emptied. This is called bowel prep. The surgeon will explain how and when to start this process. It might include:

1. Taking in liquids only. Do not eat solid foods.
2. Taking medication to cause diarrhea.
3. Using an enema. This involves injecting a special liquid through the anus. It helps clean out the colon.
4. Taking a medication (*antibiotic*) to prevent infection.

- Arrive at least an hour before the surgery, or whenever your surgeon recommends. This will give you time to check in and fill out any needed paperwork.
- Most people spend 3 to 7 days in the hospital after this surgery. Ask your healthcare provider what to expect. Make arrangements in advance for someone to drive you home.

BEFORE SURGERY LET YOUR CAREGIVER KNOW ABOUT:

On the day of your surgery, your caregivers will need to know the last time you had anything to eat or drink. This includes water, gum and candy. In advance, make sure they know about:

- Any allergies.
- All medications you are taking, including:
  - Herbs, eyedrops, over-the-counter medications and creams.
  - Blood thinners (*anticoagulants*), aspirin or other drugs that could affect blood clotting.
- Use of steroids (by mouth or as creams).
- Previous problems with anesthetics, including local anesthetics.
- Possibility of pregnancy, if this applies.
- Any history of blood clots.
- Any history of bleeding or other blood problems.
- Previous surgery.
- Smoking history.
- Any recent symptoms of colds or infections.
- Other health problems.

THE SURGERY

Two types of surgery can be done. The type that is used will depend on how much of the colon needs to be removed. It can also depend on the disease or condition that is being treated. In laparoscopic surgery, the colon is removed through small openings in the abdomen. The surgeon works through a long, thin telescope with a tiny video camera on the end (*laparoscope*). In open surgery, a larger opening is made in the abdomen. Discuss the options with your surgeon. Colon resection can take 1 to 4 hours.

- Preparation (for laparoscopic and open):
  - Small monitors will be put on your body. They are used to check your heart, blood pressure and oxygen level.
  - You will be given an IV; a needle will be inserted in your arm. Medication will be able to flow directly into your body through this needle.
  - You might be given a sedative. This medication will help you relax.
  - You will be given a drug that will put you to sleep during the surgery (*general anesthetic*).
  - A tube may be put in through your nose. It is called a nasogastric tube. It is used to remove stomach juices after surgery until the intestines start working again.
- The procedure for laparoscopic surgery:
  - Once you are asleep, the surgeon will make 3 to 5 small cuts (*incisions*) in the lower part of the abdomen.
  - Gas is used to pump up the belly. This gives the surgeon more room to work.

- The laparoscope is put through the openings. What the camera sees is shown on a TV screen. This lets the surgeon see the inside of the abdomen.
- Clamps are put on both ends of the part of colon that will be taken out.
- It is then cut free and removed.
- The ends of the healthy colon that remain are sewn together.
- The incisions are closed with stitches or staples.
- A medication and a bandage (*dressing*) is put over the incisions.

➢ The open procedure:
- Once you are asleep, the surgeon will make an incision in the abdomen about 6 to 12 inches long.
- Clamps are put on both ends of the diseased part of the colon.
- It is then cut free and removed.
- If possible, the ends of the healthy colon that remain will be stitched or stapled together.
- This might not be possible if a large amount of the colon was taken out. Then a colostomy is needed. For a colostomy:

1. An opening (*stoma*) to the outside is made through the abdomen.
2. The end of the colon is brought through the opening. It is stitched to the skin.
3. A bag is attached to the opening. Waste will drain into this bag. The bag is removable.
4. The colostomy may be temporary or permanent. Ask your surgeon what to expect.

- The incision from the colon resection will be closed with stitches or staples.
- A dressing will be put over the incision.

AFTER SURGERY

➢ You will stay in a recovery area until the anesthesia has worn off. Your blood pressure and pulse will be checked every so often. Then you will be taken to a hospital room.
➢ You will continue to get fluids through the IV for awhile. This usually continues for 24 to 48 hours after the surgery ends. The IV will be taken out when the colon starts working again.
➢ The nasogastric tube will be taken out once the intestines are working normally.
➢ You will gradually go back to a normal diet. You will start with clear fluids. Soft foods will be next, and then regular foods.
➢ Some pain is normal after a colon resection. Ask for pain medicine if the pain becomes too much.
➢ You will be urged to get up and start walking after 1 or 2 days, at the most.
➢ If you had a colostomy, your hospital caregivers will explain how it works and what you will need to do.
➢ If you had laparoscopic surgery, you will probably stay in the hospital for 3 to 5 days. After an open surgery, most people stay 5 to 7 days.
➢ Before you go home, be sure to ask if there are things you should or should not do while you recover. For instance, you will probably need to avoid lifting heavy objects for up to 2 months. When you can return to work will depend on why the surgery was done and on the type of work that you do.

RISKS AND COMPLICATIONS

There are always risks for surgery with general anesthesia. They include breathing and heart problems. However, this risk is low for people who have no other health problems. Other complications from colon resection may include:

➢ An infection can develop in the area where the surgery was done.
➢ Problems with the incisions including:
- Bleeding from an incision.
- The wound reopening.
- Tissues from inside the abdomen bulging through the incision.

➢ Bleeding inside the abdomen.
➢ Reopening of the colon where it was stitched or stapled together. This is a serious complication. Another operation may be needed to fix the problem.
➢ Damage to other organs in the abdomen.

- A blood clot forming in a vein in the leg can travel to the lungs. This is an emergency that must be treated right away.
- Future obstruction of the colon. This can be caused by scar tissue that forms after the surgery.

PROGNOSIS

People usually do well after a colon resection. Many people can go back to the activities they enjoyed before the surgery. People with inflammatory bowel disease or cancer will probably need further treatment.

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