Laparoscopic Colon Resection
(Removal of A Portion of the Large Intestine by Laparoscopy)

Laparoscopic colon resection is a relatively new procedure and is not performed in all centers. It may be done to remove a piece of the colon (*large intestine*) that may be sore and reddened (*inflamed*). It may be done to remove a portion of bowel that is blocked. The intestine may be blocked because of colon cancer. It is sometimes used to treat diseases of the bowel in which there are multiple small outgrowths from the bowel wall (*polyps*), which may predispose a person to cancer.

BEFORE SURGERY

You should be present 2 hours prior to your procedure or as instructed. Check in at the admissions desk to fill out forms if you are not preregistered. There will be consent forms to sign. There is a waiting area for your family while you are having your procedure.

LET YOUR CAREGIVERS KNOW ABOUT THE FOLLOWING:

- Allergies.
- Medications taken including herbs, eye drops, over the counter medications, and creams.
- Use of steroids (by mouth or creams).
- Previous problems with anesthetics or novocaine.
- Possibility of pregnancy, if this applies.
- History of blood clots (*thrombophlebitis*).
- History of bleeding or blood problems.
- Previous surgery.
- Other health problems.

PROCEDURE

Laparoscopic means a *laparoscope* (a small pencil sized telescope) is used. You are made to sleep with medicine (*anesthetized*). Your surgeon inflates your belly (*abdomen*) with a needle like device (*trocar and cannula*). The inflation is done with a harmless gas (*carbon dioxide*). This makes your organs easier to see. The **laparoscope** is inserted into your abdomen through a small slit (*incision*) that allows your surgeon to see into the abdomen. Other small instruments, such as probes and operating instruments, are inserted into the abdomen through other small openings (*ports*). These ports allow the surgeon to perform the operation. Often surgeons attach a video camera to the laparoscope to enlarge the view. During the procedure the portion of bowel to be removed is taken out through one of the ports. A port may have to be enlarged if the bowel is too large to be removed. In this case a small incision will be made and some times the bowel is reconnected (*anastamosis*) outside the abdomen. **After the procedure,** the gas is released, and your incisions are closed with stitches (*sutures*). Because these incisions are small (usually less than one-half inch), there is usually minimal discomfort following the procedure.

FOLLOWING THE SURGERY

The recovery time, if there are no problems, is shortened compared to regular surgery. **You will rest in a recovery room** until you are stable and doing well. Following this, barring other problems you will be allowed to return to your room. Recovery times vary depending on what is found at surgery, the age of the patient, general health, etc.

COMPLICATIONS

Some problems, which occur following this procedure, include:

- Infection: A germ starts growing in the wound. This can usually be treated with medicine that kills germs (*antibiotics*).
- Bleeding following surgery may be a complication of almost all surgeries. Your surgeon takes every precaution to keep this from happening.
- Damage to other organs may occur. If damage to other organs or excessive bleeding should occur it may be necessary to convert the laparoscopic procedure into an open *abdominal* (belly) procedure. This means the

surgery is performed by opening the abdomen and performing the surgery under direct vision. Scarring from previous surgeries or disease may also be a cause to change this procedure to an open abdominal operation.

- Sometimes a leak can occur in the line where the bowel was sewn together after the portion of bowel was removed.
- It is possible for the bowel to become obstructed in the area where it was sewn together. When this happens, it is sometimes necessary to operate again to repair this. This may be accomplished using the laparoscope or opening the abdomen and operating in the usual manner without the laparoscope.

SEEK IMMEDIATE MEDICAL CARE IF:

- There is redness, swelling, or increasing pain in the wound area.
- Pus is coming from the wound.
- An unexplained oral temperature above 102° F (38.9° C) develops or as directed.
- You notice a foul smell coming from the wound or dressing.
- There is a breaking open of a wound (edges not staying together) after sutures have been removed.
- You develop increasing abdominal pain.

Document Released: 03/26/2009
ExitCare® Patient Information ©2011 ExitCare, LLC.