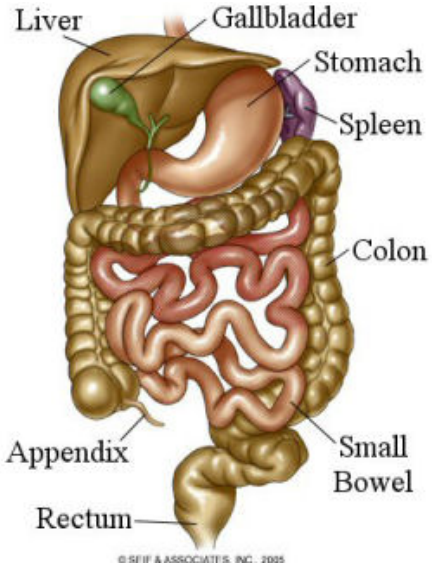
Laparoscopic Bowel Resection
(Removal of a portion of intestines)

Laparoscopic Bowel Resection is used to remove a piece of intestine that may be *inflamed* (sore and reddened), or to remove a portion of bowel that is blocked.



BEFORE SURGERY

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

LET YOUR CAREGIVERS KNOW ABOUT:

- 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 that the procedure is done with a *laparoscope* (a small pencil sized telescope). Once you are *anesthetized* (put to sleep with medications), your surgeon inflates your *abdomen* (belly) with a small sharp needle-like device. The **laparoscope** is put into your abdomen through a small *incision* (slit). This allows your surgeon to see into the abdomen. 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. The port may have to be enlarged if the bowel is too large to be removed through one of the smaller ports. In this case, a small incision will be made and sometimes the bowel repair is made outside the abdomen.

FOLLOWING THE SURGERY

If there are no problems, recovery time is brief 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 during surgery.
- Age of the patient.
- General health.

Sometimes it takes a few days for bowel function to return (passing gas and bowel movements). You will probably stay in the hospital until bowel function returns. Sometimes a nasogastric tube is placed in your stomach. It is put there through your nose. This tube is used to decompress your stomach and decrease nausea until bowel function returns.

COMPLICATIONS

Some problems which occur following this procedure include:

- **Infection:** A germ starts growing in the wound. This can usually be treated with *antibiotics* (medications which kill germs).
- **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 procedure. Scarring from previous surgeries or disease may also be a cause to change this procedure to an open abdominal operation.
- Leak from where the bowel is put back together (*anastomosis*).
- Long delay before return of bowel function (*ileus*).

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 your caregiver suggests.
- You notice a foul smell coming from the wound or dressing.
- The *wound* breaks open after sutures have been removed.
- You develop increasing abdominal pain.

Document Released: 04/07/2004 Document Re-Released: 03/14/2011
ExitCare® Patient Information ©2011 ExitCare, LLC.