

Anterior Resection

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Introduction

You have been diagnosed with a tumour in your rectum (back passage) and advised that you will need an operation to remove your tumour.

Aim of this booklet

We hope that this booklet will help you to understand a little more of what this operation will mean to you. It is natural to be apprehensive and even frightened at the idea of this operation, so it is important for you and your family to talk through any concerns or questions that you have with the Colorectal Nurse Specialists. They will be very happy to talk through this information with you in more detail.

It is often helpful to have a partner, family member or friend with you when you have your appointments at the hospital. They can remember some of the information given. It will also offer them an opportunity to ask questions if they wish to.

What is a tumour?

The tissues and organs of the body are made up of cells. Cells age and become damaged and need to repair and reproduce themselves continuously. When this process gets out of control, the cells reproduce and multiply to form an abnormal mass (or tumour).

Tumours can be benign (not cancerous) or malignant (cancer). A malignant tumour consists of cancer cells that can spread to other organs in the body. It is not known what causes tumours to grow.

Rectal tumours are very common. They often develop from a growth known as a polyp, which usually start as benign tissue and over a period of time can turn cancerous. If this is caught early enough, many rectal tumours can be cured.

A useful tip is to write down the questions and bring them with you to the clinic

The Colorectal nurse specialist will remain in contact with you for support and any problems. If you have a stoma, the Stoma nurse specialist will telephone you after your discharge. They will plan to visit you at home about a week after your discharge to check the stoma.

Having just got home there are often queries or questions that you may have, so do not hesitate to contact them, or write them down for when they contact you.

You will periodically receive appointments for x-rays and endoscopy tests to follow up your operation. This is called surveillance. Details will be explained to you in the clinic.

Support and further information

There may be further advice or information you require.

Your colorectal nurse or stoma nurse specialist will be happy to talk through this information with you in more detail if you wish.

Their contact numbers are:

Colorectal Nurse Specialist

Cheltenham General Hospital - 08454 223586

Gloucestershire Royal Hospital - 08454 226683

Stoma Nurse Specialist

Cheltenham General Hospital - 08454 224363

Gloucestershire Royal Hospital - 08454 226702

If you have an urgent problem then they can be contacted via the hospital operator on 08454 222222.

There may be further advice or information you require.

Your colorectal nurse or stoma nurse specialist will be happy to talk through this information with you in more detail if you wish.

and a good fluid intake (8 cups a day) is advised. If any particular food does seem to cause problems just stop eating it for a while, then try again at a later date. Everyone with or without a stoma will find certain foods affects them differently.

Alcohol

Yes - You can still enjoy an alcoholic drink – everything in moderation.

Wound

It is quite normal that your tummy wound may not have healed completely before you go home. Therefore, if you still require a dressing on your wound, the ward nurses will refer you to your local district nurse so that they can dress your wound at home.

When will I know the results of my operation?

During your operation any bowel that is removed or biopsies that are taken will be sent to the histology/ pathology department (laboratory) for analysis. This process is very detailed and takes approximately 10 days for the results to return. A senior doctor and your colorectal nurse specialist will talk to you and your relatives about the results of your operation and discuss any further treatment that may be beneficial to you to lessen the chances of the growth returning. This may be in the form of chemotherapy or occasionally radiotherapy. Not everyone will benefit from this treatment but if this is considered appropriate, arrangements will be made for you to see an Oncologist (medical cancer specialist) in the near future to discuss your additional treatment in detail.

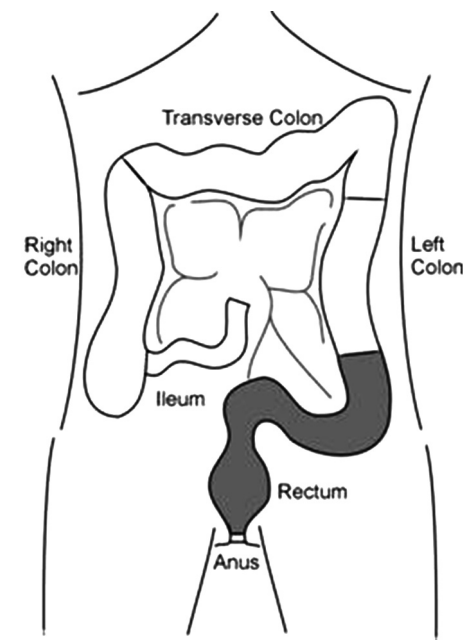
What follow-up care will I have?

You will be seen in the out-patients clinic on a regular basis. Your first appointment will be in approximately 6-8 weeks. You may not see the same doctor every time but there will be an opportunity to see the colorectal nurse specialist. If you have any questions, this is a good opportunity to discuss them with one of the surgical team.

What does the surgery involve?

An incision (cut) will be made down the centre of your abdomen (tummy) so that the affected part of the bowel can be removed.

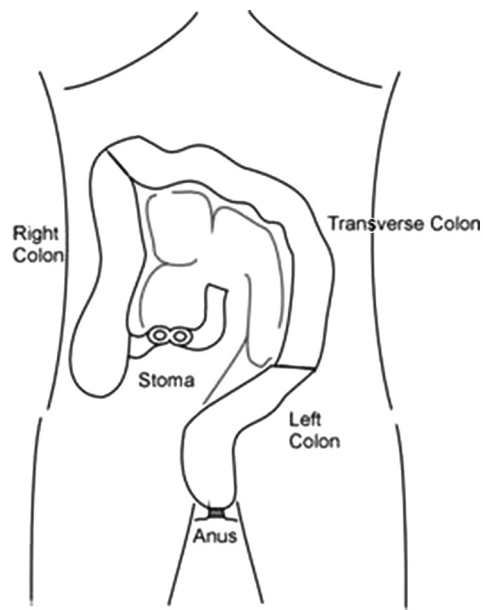
Depending on exactly where the diseased part of the bowel is, the surgeon will need to remove most/part of the rectum and some of the large bowel. It is important that the surgeon has a good margin of normal tissue surrounding the cancer to decrease the chance of any further problems in the future. Once this part has been removed the surgeon will have two ends of healthy bowel which he will plan to join together (anastomosis).



Depending on how low your tumour is in your rectum (the storage capacity for faeces/stool/poo), the decision as to whether additional reconstructive surgery to create an alternative storage capacity will be made at the time of your surgery. This involves adapting a small part of the large bowel just above the bit that has been removed. The surgeon will form a 'colon pouch' using the end of the large bowel in the shape of a 'J' which is attached to the anus (see diagram above).

This decision on whether a colon pouch is necessary will depend on your surgeon's assessment on the safety and appropriateness of undergoing this procedure, the amount of rectum removed and length of time you will be under sedation.

You may have been told that there is a possibility that you may need to wear a bag. (Stoma).



This is where an opening from your healthy bowel is brought out onto the surface of your abdomen (tummy) to enable bowel motions (faeces/ stool/ poo) to come out and be collected in the bag. The surgeon may only be able to make this final decision as to whether you need a stoma when he is doing your operation.

The main reason for a stoma will be to allow the operated part of the bowel to heal, without faeces passing through it. If the bowel is very inflamed, there may be a greater risk of a complication (leakage) occurring which will prevent the bowel from healing safely, therefore a temporary stoma may be necessary. The stoma will be there for a

you will regain your normal strength.

Remember that you have been through a lot over these last few months and this is very stressful. On some days you may feel tearful, lethargic and generally have no energy to cope with the things that you feel you should be able to. This is perfectly normal. You will start to feel well again, as your energy levels, strength and fitness returns.

Exercise

It is advisable to build up your strength slowly once you are at home. Start by going for a short walk daily and increase this distance by a short amount each day. The physiotherapist will discuss some exercises with you while you are in hospital which will help to build up your muscle strength. Plan to do a little more activity each week, but be prepared to be flexible with this. You will be able to resume your normal activities and work when you feel well enough. If you participate in any sports or exercise increase this back into your lifestyle gradually.

Lifting

Having had a major operation on your abdomen, you are advised not to lift for the first 6 weeks. It is important that you do not do any heavy lifting (no heavier than a ½ filled kettle) for at least 4 weeks following the operation, and build up gradually. Limit household jobs for the first 3-4 weeks. Avoid lifting heavy objects, pushing and pulling (hoovering and mowing the lawn), excessive bending and stretching, the concern is that if you put too much stress on your abdominal muscles, you may cause a permanent weakness, which may lead to a hernia.

Diet

After the initial building up on fluids and diet while you have been in hospital, there are no particular changes you should make to what you eat and drink when you get home (unless you have a stoma) . A healthy balanced diet, regular meals including fruit and vegetables

only way to give and receive pleasure.

Gentlemen – you may experience difficulties in getting or sustaining an erection, give yourself time. The nerves down to your penis may be inflamed or bruised, they need time to settle. The more anxious you get, the longer it will take may take to work. If the problem continues, please discuss this with your doctor/nurse specialist as the use of various therapies can help.

Ladies – apprehension and anxiety can make you more tense, so making love may be painful and also your vagina may be very dry. The more relaxed you can be the better. The use of a lubricating jelly can be helpful.

When can I return to work?

When you feel ready to.

This depends on your occupation and how you feel physically and emotionally. The ward staff will give you a medical certificate (sick note) on request and your GP will continue to issue one until they feels you are fit to return to work.

Due to the tiredness that you will feel, it is advisable that you plan to consider returning to work on a part-time basis for a few weeks. If your job involves lifting it is preferable not to consider going back to work for at least 6 weeks, and to request lighter duties if possible, then build up to your normal duties.

What will I expect to be like when I go home?

Tiredness

You will feel very tired when you go home, this is normal.

When you first get home after your operation, plan your day to have a rest/sleep in the afternoon. Let friends know when your rest period is so you are not disturbed. Your body needs a good 2-3 months to really get over this operation, often longer. It takes time, but over this time

minimum of 3-4 months to allow for healing of the bowel. If you have any treatment after your operation, for example chemotherapy, the stoma would preferably be 'closed' (joined back) after your treatment has finished.

If you need a stoma in order to rest the operated part of the bowel, it is usually part of your small bowel (ileum) that is brought out as a stoma. This is known as an "ileostomy".

Having an ileostomy will still enable you to carry out all your normal activities, as you have done previously. The Stoma Nurse Specialist will discuss with you specifically what an ileostomy is, and all you need to know about caring for your stoma. The Stoma Nurse Specialist will have met many people like yourself who have gone through an operation like this, so please do ask them any questions – about anything at all.

Potential risks and complications of an Anterior Resection

Complications of surgery are not common but are important and may be serious. If you think that all is not well, please tell the nurses or doctors.

Complications might include:

Problems with the heart and lungs - any anaesthetic carries risks to the heart and lungs. Part of your pre-operative assessment is to try and identify and reduce these risks but nevertheless, some people develop complications with their heart and/or lungs during or after the operation. Normally these can be corrected with close medical attention. In extreme cases these complications can be very serious. The overall risk to your life because of having the operation varies between each patient but is usually about 1 in 30.

Occasionally there are problems with your join in the bowel - the join has to be 100% water tight to be successful. Depending on exactly how the join is made the surgeon may decide to make a temporary

ileostomy (bag) to reduce the pressure on the join. In 5-10% of patients there can still be unforeseen problems with the join's ability to heal. This can result in a leak. This is a rare condition but it may require a return to the operating theatre to correct the problem or the insertion of extra drainage tubes.

Chest infection – an increased risk if you smoke. If you get a chest infection it will be treated with antibiotics. Co-operation with the physiotherapist to clear the air passages will help to prevent a chest infection.

An Ileus - occasionally the bowel is slow to start working again and it must be rested to allow it to work. Your fluid and nutritional requirements will be met through a drip.

Wound Infection - approximately 10-15% of patients will get a wound infection. This is generally not a serious condition but nevertheless will require treatment. You may be given antibiotics or if there is a collection of fluid this may need to be released to allow your wound to continue to heal. If your wound feels unusually tender, warm and looks red or discharges fluid then please inform the nurses or doctors. If this happens when you go home your G.P will need to assess your wound.

Nerve damage - although with all operations to remove tumours of the rectum, there is a slight chance that there may be some degree of nerve damage to the nerves in the pelvis, their function is to help control the bladder and control erection of the penis in men. Very occasionally some men might notice a change in their sexual function and experience problems with erection or ejaculation. The risk of this depends on several things. It is extremely uncommon in younger patients but older patients occasionally suffer problems. Nerve damage problems are also a bit more common if the cancer is large or needs radiotherapy before the operation. If you have any concerns about this, please ask for more information before your operation. If you experience any problems after your operation please tell your doctor. There may well be treatments available to help with or reverse these problems.

these services with a hospital social worker.

Please consider any help or support you may need when you go home and discuss this with your Colorectal nurse specialist and the nurses on the ward. It may be advisable to think about having someone to stay with you when you are discharged, or to stay with a family member or friend. This is usually helpful for the first couple of weeks after your discharge when you will be feeling very tired. Having someone to help out with the shopping, cooking and cleaning will be helpful for you. Remember it is normal to feel tired. Make the most of help offered.

Frequently asked questions after discharge home

How soon can I drive after surgery?

You will be advised not to drive for approximately 6 weeks following your surgery. Most insurance policies will stipulate that you will not be covered by your insurance policy for 6 weeks following abdominal surgery or until you can safely do an emergency stop without any restriction, but it is advised to check with your own policy. This advice is for your safety and others. If you had to do an emergency stop, there is a chance that your reactions will be slower than normal. If you feel ready to drive before this time, please discuss this with your GP who can give you the 'ok' to drive. Plan to drive short distances initially and build up slowly the length of time you are driving for.

When can I make love?

When you feel you want to.

The anxiety and all the stress your body has been through with this operation often reduces your sex drive. This is quite normal and in time will return. It is important that you and your partner share time talking about your feelings, being close, kiss and cuddle. This will help you both to relax more and enjoy your lovemaking when you feel ready to. It is important to remember that sexual intercourse is not the

show you on a daily basis what to do with your stoma. By the time you go home you will know how to change your stoma bag. It will feel fiddly at first, but the more you do it, the easier it will get, and you will be able to manage the bag when you are at home. You will be able to do this by the time you are discharged.

Even if you have a stoma, it is quite normal for you to pass a little old blood/faeces/stool/poo, mucus or wind from your back passage (bottom). You still have healthy bowel attached from the stoma down to your bottom. This healthy bowel naturally makes mucus and you will occasionally experience the need to open your bowels. Just sit on the toilet, relax and it will pass into the toilet.

Wound

The nurses and doctors will assess your wound regularly for signs of infection. Most stitches in the wound are dissolvable. If you have non-dissolvable stitches, they will be removed 7-10 days after your operation.

Visitors

You will be told the ward's visiting times.

All the staff adhere to a strict confidentiality code. Your treatment/condition will not be discussed with anyone in detail without your permission. Equally, we are unable to discuss your condition in detail over the phone with anyone, even if they are very close to you.

Discharge arrangements

The length of stay that you will need to have in hospital is extremely variable. After about 5-7 days, most people are ready for discharge home. Some people benefit from a period of rehabilitation and / or convalescence in another hospital. If this is suitable for you this will be discussed with you and your relatives in advance of your transfer.

If you are going home, you may need a district nurse to continue your care – usually dressing changes if necessary. If you need additional help at home while you are convalescing you will be able to discuss

Occasionally there are **numb patches, aches and twinges** around your scars for up to 6 months after your operation. This is because the nerves have become inflamed during your operation and effects certain sensations.

Bowel function/actions are often different after surgery - you may notice that your bowels are looser than before your operation. This is normal; a regular pattern will re-establish itself in time with most patients. It is uncommon, but a small number of patients find that they have difficulties opening their bowels which need specific treatment.

How long does the operation take?

This operation usually takes an average of 2-4 hours. However, you will be off the ward for a longer period of time. This is because after your operation you will be taken to the recovery area. When you are awake from the anaesthetic you will then be taken back to the ward.

How long will I be in hospital?

The average length of stay is usually 7-10 days. Some patients may be entered onto the Enhanced Recovery Programme (ERAS) this is a whole programme of measures designed to reduce the length of time you need to be in hospital, this will be discussed with you at your pre-admission appointment. Remember everyone recovers differently.

Before your admission

You may have certain tests done in order to assess your tumour in as much detail as possible before your surgery.

A colonoscopy may be done where a flexible endoscopy tube is passed through the rectum to the end of your large colon to visualise the inside of your bowel for abnormalities. This is done with sedation.

A TRUS (Trans Rectal Ultrasound) is an endoscopic ultrasound via your rectum. It assesses your tumour and the surrounding tissues.

A C.T. scan is a detailed x-ray examination to look for obvious abnormalities elsewhere in your body.

A MRI scan is a detailed scan of your pelvis.

Pre-Admission Clinic (PAC)

You will be asked to attend a PAC to see a doctor or a nurse practitioner from the surgical team and a nurse from the ward who will ask you medical and nursing related questions in order to make your hospital admission as smooth as possible. You will also have blood taken; an ECG and chest x-ray may also be done. There is an opportunity to see the physiotherapist, stoma nurse and Colorectal Nurse Specialist.

Inclusion on the Enhanced Recovery Programme will be discussed with you if appropriate.

If you have any questions please ask any of the above and they will endeavour to ensure that you know as much as you want to know.

What will happen when I go into hospital?

Bowel preparation

You will be admitted a day before your operation in order to take some bowel preparation. This is to clear your bowel out and allow the bowel to be as clear as possible of stool. The bowel prep is in the form of large volumes of liquid laxatives. The laxative will work within a few hours. If you are concerned that you will not be able to get to the toilet in time then extra help will be given by nurses who are used to the embarrassment that laxatives may cause. Some people prefer to flavour the taste of the laxative with their own squash. You will not be able to take any diet once you start your bowel preparation and you will have nothing to eat or drink 6 hours before your operation.

Medication

You should continue to take your own medication up until admission

This varies from person to person as to when this may happen. On average most people have had their bowels open within 1-4 days. You will get all the normal sensations of when you need to have your bowels open. Your bowel movement might vary to start with. It is quite normal to experience diarrhoea initially. If this happens, you will be advised to wash your bottom every time you have your bowels open, pat dry and use a very small amount of barrier cream to protect the skin. Some people experience constipation initially after the operation, so it is important that you tell the nurse and doctor when you have had your bowels open.

It is not uncommon for some people to have some bleeding at first but this depends on which part of the bowel has been operated on.

All these things are to be expected following this type of operation. Your bowel has been handled during the surgery. The bowel needs time to settle and adapt before re-establishing a pattern. This time can vary between a few weeks to months depending on which part of your bowel has been operated on. There is every reason that you will be in control of your bowels, but frequency and urgency is not uncommon in the first few weeks.

It may be helpful for you to do some pelvic floor exercises. Please discuss this with the ward physiotherapist or the nurse specialist, and they will provide you with an exercise sheet.

If you have a stoma

The faeces (stool/poo) will start being passed directly into the bag within 24 - 48hours. When faeces initially pass into the bag it will be very liquid, this is normal. You will have a bag over your stoma that can be emptied regularly by the nurse. As you start to eat and drink a little more and build up your appetite, the faeces will thicken up to a thick 'porridge like' consistency. By the time you go home, your stoma bag will need to be emptied on average 4-5 times by you down the toilet.

Between the stoma nurse specialist and the ward nurses, they will

smell following bowel surgery because of the effect of antibiotics, anaesthetic and pain killers. Even water can taste strange. Be reassured that this will only be temporary and your taste will return to normal within approximately 6 weeks.

You will usually be eating within 3-4 days. It is advisable not to drink fizzy drinks for at least the first 2 weeks after your operation as these can cause excessive wind and discomfort.

In general, it is advised that for the first couple of weeks when you start eating, you minimize the amount of fruit and vegetables. These types of foods contain fibre and will be hard for your bowel to digest because it will be swollen. Snacks like crisps and biscuits are good to nibble on when you start eating. The main advice is to eat little and often until your appetite returns to normal and you are eating your normal diet. The nurse specialist will discuss this in more detail with you.

Moving after your operation

You will be encouraged to get up and move around, with help, within 24 hours of your operation. Most people will see a physiotherapist during their hospital stay, so that they can teach you some simple exercises, help you get out of bed and walk around. A physiotherapist will also encourage you to breathe deeply to help prevent a chest infection. The day after your operation most people will sit out of bed for a short while. The main issue with moving around is that you will have drips and drains attached to you, but the nurses will help you with these.

It may be uncomfortable when you get in and out of bed, as you will feel very bruised when you move but the pain relief medication will reduce the pain. It is very important that you start to walk around as soon as you can, as this helps your breathing and circulation, as well as helping to regain your strength.

Bowel movement

unless advised to stop by the doctor in the pre-admission clinic. You should bring your medication with you into hospital but the nursing staff will administer the medication in order to keep a check on what is being taken overall.

Before your operation

The anaesthetist will see you before your operation, and he will discuss your general anaesthetic with you. You will be completely asleep for the duration of your operation. The anaesthetist is responsible for the medication and equipment used for looking after your heart and breathing throughout your operation. They will also discuss the type of pain relief you will wake up with. For most people this is an epidural where a very fine "drip" provides a continuous amount of a strong pain killer to an area of your spine where your operation nerves go. Occasionally an alternative to an epidural called a PCA (patient controlled analgesia) will be used. Here, instead of having a continuous amount of analgesia, you will be able to press a button when you feel pain killers are needed and a small amount of strong pain killer is given via a "drip".

You will be asked to wear a pair of surgical stockings and you will need to have a blood thinning injection, to help prevent blood clots developing in your legs. These will be continued after the operation.

Just before you go for your operation you will be asked to put a gown on. Several checks are made by the nurses in order to ensure that everything is correct. You will be taken to theatre on a trolley with a ward team member and a porter. The trained theatre nurses make further checks. They will make sure that you are safely cared for during your time in theatre.

During your operation all the tubes and drains that you require will be put in place. After your operation you will be taken to the recovery room until you have fully woken up, when you will be returned back to the ward.

How will I feel/be after my operation?

The initial recovery period

Qualified nurses will observe you carefully immediately after surgery and whilst you are waking up.

On waking you may have a mask over your mouth or a tube on your nose to give you oxygen. This is because when you are very sleepy you are not able to take deep breaths and take in enough oxygen to your lungs. This may stay on for a few days. When you are sitting up and starting to move around this oxygen will not be needed.

The nurses will check your blood pressure, pulse, respiratory rate, temperature and oxygen levels regularly on a monitor.

Intravenous drip

You will have an intravenous infusion (drip) going into your arm or neck so that fluids and certain medicines can be given. Occasionally, it may be necessary to reposition the drip in another vein. This will stay until you are able to eat and drink normally again a few days later.

Catheter

You will have a catheter (tube) placed in your bladder at the operation to drain your urine away into a collection bag. This may be placed directly in to your bladder or via the abdominal wall. The catheter is necessary while you are less mobile, it will be removed as soon as possible, a few days after your surgery.

Drains

Other tubes or drains may be present for a few days to help/allow any excess fluid to drain away more easily. These are necessary to prevent a collection of fluid /bruising in your abdomen (tummy) which might collect around the site of the operation.

Doctors

You will see a senior doctor every day along with a team of doctors

and nurses. They check on your progress and decide when it is appropriate for all the tubes, drips and catheters to be removed.

Blood samples

It will be necessary for blood tests to be taken on most days to check for signs of anaemia, infection and imbalanced blood chemistry. This allows the doctors to identify and treat any problems.

Pain relief

This operation is a major operation, so you will feel sore and uncomfortable, but you will have pain relief available so that you will be comfortable. Most people describe feeling extremely bruised, but as the swelling from the operation decreases, this discomfort will get less. People experience pain in different ways and at different levels. After your operation, the nurses on the ward will discuss and assess the effectiveness of your pain relief. When you start to drink normally after your operation, you will have pain relief in tablet form. On discharge from hospital you will have some pain relief tablets to take home with you.

Sickness

Sickness after an operation is not uncommon because you are having pain killers and have had your bowel handled. If you are feeling sick you can have some anti-sickness medication to relieve this. Fluid from your stomach may occasionally need to be drained via a tube in your nose which drains into a bag. This will stop you feeling sick until your bowels become more active again.

Eating and drinking

The doctors will decide on how much you can have to drink and when you can start to eat again. This is based on when your bowel starts to work. In some people this can take about a week but most patients can drink sips of water the next day after their surgery and gradually build up to take free fluids before taking diet.

Many people find they lose or have a heightened sense of taste and