

LAPAROSCOPIC & OPEN COLON RESECTION

COLORADO SPRINGS SURGICAL ASSOCIATES

WHAT IS THE COLON?

The colon is the lower portion of the digestive tract, also referred to as the large intestine. After the small intestine has completed absorption of nutrients from ingested food, the colon gradually absorbs water and moves waste through to the rectum until you are ready to expel it.

CONVENTIONAL AND LAPAROSCOPIC COLON SURGERY

Surgical intervention is an important component of the treatment of a variety of colon disorders, both benign and malignant. Certain disease states require removal of a portion, or occasionally all, of the colon, and this traditionally has involved a large abdominal incision. Laparoscopic, or “minimally invasive,” techniques have gradually become more accepted as an alternative in most colon surgeries, decreasing discomfort and speeding recovery from surgery. In most laparoscopic colon resections, the surgeon operates through 4 to 5 small incisions, with a video camera mounted to a specialized telescope allowing visualization on large video monitors. One of the incisions is generally enlarged to allow removal of the portion of colon that is diseased. From a medical standpoint, there is no difference in the amount of tissue removed in a laparoscopic or open operation. The approach, however, depends upon a variety of factors, including :

- Location of the diseased area
- Adhesions from prior surgery
- Degree of inflammation present (particularly important in diverticulitis)
- Tumor size in the case of malignancy
- Patient body habitus

In some instances, a procedure that is initiated laparoscopically cannot be completed without making a larger incision. Once again, this is dependent upon a variety of factors, and the decision to convert from a laparoscopic to an open approach is made in the interest of patient safety.

WHAT ARE THE ADVANTAGES OF LAPAROSCOPIC COLON RESECTION?

While individual patient outcomes may vary depending upon the type of procedure and patient's overall condition, common advantages are :

- Less postoperative pain
- May shorten hospital stay
- May result in a faster return to solid-food diet
- May result in a quicker return of bowel function
- Quicker return to normal activity
- Improved cosmetic results

WHAT PREPARATION IS REQUIRED BEFORE SURGERY?

- Most patients referred for colon surgery have had a colonoscopy, and this occasionally needs to be repeated just prior to the operation. Some patients may also need an abdominal CT scan, and other imaging studies may be needed depending upon the patient's condition and situation.
- Colon surgery requires a hospital stay, and is not performed on an outpatient or "short-stay" basis. This is due to the need for recovery of the GI tract after it has been manipulated, with a portion being removed and then having the two ends put back together. The procedure is reviewed with you during the preoperative visit, along with its risks, to allow you to provide written consent for surgery.
- We see our patients preoperatively several days before surgery, and depending upon your age and other medical conditions, preoperative test may include blood work, an EKG, or a chest X-Ray; occasionally, we will need to make arrangements for the possibility of blood transfusion.
- Drugs such as aspirin, blood thinners, anti-inflammatory medications (arthritis medications) and Vitamin E will need to be stopped temporarily for several days to a week prior to surgery; if you are on **Coumadin** or **Plavix**, it is very important to review instructions regarding these medications with your surgeon. Diet medications or St. John's Wort should not be used for two weeks prior to surgery.
- A mechanical bowel preparation is required to reduce the risk of infection. Instructions will be provided at the preoperative visit, and are also available on our web site. The prep is similar to, but slightly more involved than, a prep for colonoscopy.
- **You should not eat or drink anything after midnight the night before the operation.** If your surgeon has stated they are permissible, you may take your routine medications with a sip of water the morning of surgery. **Medications to take:**

- You should shower the morning of the operation, and wear loose-fitting clothing and slip-on shoes.

WHAT SHOULD I EXPECT AFTER SURGERY?

- After the operation, it is important to follow your doctor's instructions. Although many people feel better in a few days, remember that your body needs time to heal.
- Recovery of GI tract function is variable, but most patients are able to start taking liquids by mouth within two to three days of surgery. On average, GI tract recovery is somewhat faster with laparoscopic than with open surgery.
- You are encouraged to be out of bed the day after surgery and to walk. This will help diminish the soreness in your muscles, and speeds recovery of GI tract function. Additionally, activity early after surgery decreases the risks of developing deep vein thrombosis, or blood clots in the legs.

- Discharge from the hospital occurs once the patient is eating and drinking well, having recovered GI tract activity, and once pain control is adequate on oral medications.
- You will probably be able to get back to most of your normal activities in two to three weeks' time. This includes showering, driving, walking up stairs, and working; we ask that you not lift heavy objects for a full 6 weeks following surgery.
- Call and schedule a follow-up appointment within 2 weeks of your operation.

WHAT COMPLICATIONS CAN OCCUR?

As with any operation, there is a risk of complications with colon surgery. Some of these include :

- Bleeding
- Infection
- A leak where the colon was connected back together.
- Injury to adjacent organs such as the small intestine, ureter, or bladder
- Blood clots to the lungs.

It is important for you to recognize the early signs of possible complications. Contact your surgeon if you notice severe abdominal pain, fevers, chills, or rectal bleeding.

WHEN TO CALL YOUR DOCTOR

Be sure to call your physician or surgeon if you develop any of the following:

- Persistent fever over 101 degrees F (39 C)
- Bleeding from the rectum
- Increasing abdominal swelling
- Pain that is not relieved by your medications
- Persistent nausea or vomiting
- Chills
- Persistent cough or shortness of breath
- Purulent drainage (pus) from any incision
- Redness surrounding any of your incisions that is worsening or getting bigger
- You are unable to eat or drink liquids

This brochure is intended to provide a general overview of open and laparoscopic colon surgery. It is not intended to serve as a substitute for professional medical care or a discussion between you and your surgeon about the need for colon surgery. Specific recommendations may vary among health care professionals. If you have a question about your need for colon surgery, your alternatives, billing or insurance coverage, or your surgeons training and experience, do not hesitate to ask your surgeon or his/her

office staff about it. If you have questions about the operation or subsequent follow up, discuss them with your surgeon before or after the operation.

