

Abdominoperineal excision of the rectum

Introduction

Your consultant has recommended an abdominoperineal resection of the rectum because you require the removal of your rectum. A member of staff will explain everything in this leaflet to you, but if you have any questions, please ask us.

The rectum (see Figure 1) is the storage organ at the end of the bowel and the anal canal is the exit from the bowel (the back passage).

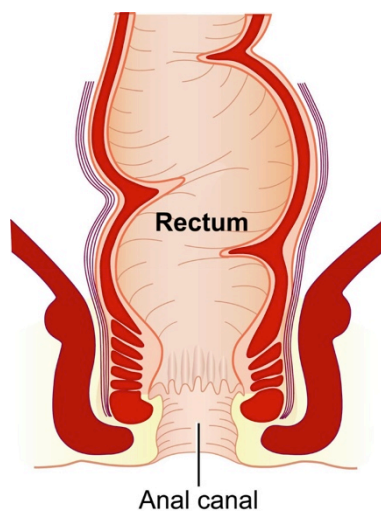


Figure 1: the rectum and anal canal

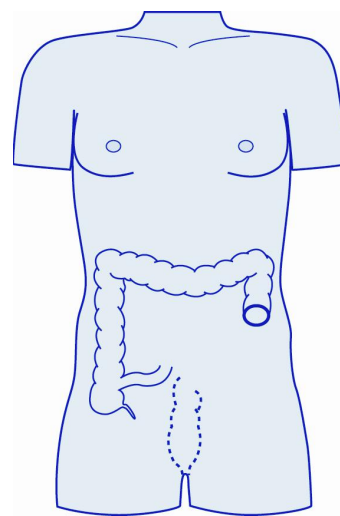


Figure 2: a colostomy

What is an abdominoperineal excision of the rectum?

Abdominoperineal excision of the rectum (often referred to as an AP or APER) is an operation to remove the rectum and anal canal. This will close the anus completely and permanently. A colostomy (stoma) is formed to enable you to empty your bowels (see Figure 2). The colostomy is the bowel, which is brought through a small opening on your abdomen. The faeces are collected into a colostomy appliance, which will adhere to your abdominal wall. The operation is performed by making several small keyhole cuts or a big abdominal incision (cut). There is also an incision around the anus, so that after the operation you will have several small scars or a long scar and a stoma on your abdomen and a scar between your buttocks where the anus has been closed.

You will meet a stoma specialist nurse before your operation to discuss living with a colostomy. This can either be arranged at St Mark's Hospital or you may like to meet your local stoma care nurse who will be helping you once you go home from hospital. Some people choose to meet the stoma specialist nurse at St Mark's Hospital and at home too.

What preparations are needed before the operation?

Before you come into hospital for your operation, you should eat a healthy diet and try to maintain a good level of activity – as your health allows. This should ideally include a 20–30 minute walk every day or two.

You will attend a pre-assessment clinic before your admission date. During this appointment, blood will be taken for routine tests and swabs taken for MRSA screening. These tests are carried out on all patients who are being admitted to hospital. A nurse will ask you some questions about your general state of health in your preassessment appointment. Your pre-assessment nurse should be able to answer any questions you may have about your admission and operation.

At a separate appointment the stoma specialist nurse will talk to you about having a stoma. She will also help you to decide the best site for your stoma. The surgeon will attempt to place your stoma in the position marked but this is not always possible for technical reasons such as a complication during the operation. The stoma specialist nurse will also be available to teach and advise you about the care of your stoma during your stay in hospital.

You are allowed to eat until six hours before your operation (unless you are having a bowel preparation). You are advised to have a good meal the day before your operation and you can drink water until two hours before the operation. You will probably be given two carbohydrate drinks (preOp drinks) to drink on the morning before your operation.

You will usually be admitted to the hospital on the day of your operation into the theatre admissions unit (TAU), which is situated at the back of the hospital.

You will be given an enema to empty your bowels once you are in TAU. You may experience some abdominal cramping and you will open your bowels several times very urgently – so make sure you find out where the toilets are.

You will be given some elasticated stockings to wear during and after the operation. You will also have injections each day when in hospital and both these measures help to prevent blood clots in your legs.

You will be visited by the anaesthetist, who will discuss the anaesthetic and suitable pain relief for after the operation and a surgeon will visit you to discuss your operation on the morning of your operation. You will be asked to sign a consent form and it is important that you fully understand what operation is planned for you and what the likely benefits and possible side effects are. You can discuss any further questions that you have about the operation with the doctor.

What will happen when I come back from the operating theatre?

On return to the ward you may feel drowsy. You will have a drip in your arm to keep up your fluid levels and to give you some energy. The drip is often removed the day after the operation.

When you are awake you may be allowed to drink if you can sit up. Once you are drinking normally (over a litre per day) and you have no sickness or hiccups, the drip will be removed. You will usually be encouraged to start eating a light diet once you are drinking well.

You will have a urinary catheter to drain your bladder. This is often removed the day after surgery to reduce the risk of infection and help you to move around the ward. You may have a dressing(s) over your surgical wounds, which will be changed as necessary by the nurse. You may be able to see metal clips or stitches, which will be removed a week or two after the operation.

The surgeon may stitch a drain in place to take away any oozing from the area. If you have a drain in place this may be attached to a small plastic container, which will slowly collect blood-stained fluid. The drain will be left in place for a day or more, depending on how well you are recovering.

We will aim for you to be as pain-free as possible, but some discomfort is to be expected and bending may be difficult at first. Painkillers will usually be given via a pump such as a PCA (patient controlled analgesia) or an epidural during the first few days after your operation, as well as taking tablets. When the pump or epidural is removed you will continue to take tablets as required. Some will be given automatically but please speak to your nurse if you feel that your pain is not well controlled.

You will have a clear bag over your stoma to collect and contain any stool or wind (faeces and flatus). The stoma will usually look red and swollen at first.

The nurse will regularly monitor your condition by taking your blood pressure, for example. As you recover, these checks will be carried out less frequently. We will usually get you up and walking the day after the operation. It is ideal to sit in the chair for periods of time from the day after your operation, especially for all your meals, including breakfast, to get your circulation moving. We recommend that you try to avoid crossing your legs whilst lying in bed or sitting in a chair. While you are in bed it is a good idea to point your toes up and down and to gently exercise your legs.

You will also be encouraged to go for short walks up and down the ward and you should aim for four times a day. You should sit up rather than lying flat and take six deep breaths an hour, expanding your chest as fully as possible. If deep breathing is painful you should talk to your nurse about pain relief. The stockings on your legs may feel hot, but they are very important to help to prevent blood clots, so please don't remove them.

You can have a shower as soon as you feel able, often a couple of days after the operation. You might need assistance the first time so please ask a nurse to help you.

You may find that you have a sore throat for a few days after the operation. This is because the tube used to help you breathe during the operation often bruises the delicate skin in your throat. Gargles may help ease any soreness, which should go within a few days.

It can be difficult to sleep well in hospital due to the change of surroundings, the need for observation and the tubes attached to you. Some patients also experience strange dreams in the first few nights after the anaesthetic. You should find that your sleep improves once you have returned home. In the first few days you will therefore feel tired and may want to request only close family and friends visit and to keep visits quite short.

When will my stoma/bowels start to work?

Your bowels will usually start to make sounds after a day or two. Wind can cause you discomfort until you pass it and this should not be a cause of concern in these first days. You may have a bowel action after a day or two, but you may well not so please do not worry. You may be given a laxative to keep your bowels moving (unless you have an ileostomy).

If you are opening your bowels more than a few times each day you or you see blood being passed from your bottom or stoma, please tell the nurse.

If you have a stoma, the ward staff and the stoma specialist nurse will teach and help you to look after your newly formed stoma, until you have learnt the skills and are independent. Before you leave hospital we will make sure you understand how to look after your stoma, that you have enough stoma supplies and all the necessary contact telephone numbers.

Eating and drinking

You may find that you do not have much of an appetite at first. If you feel sick, medicines can help so ask your nurse. There are no hard and fast rules about what you should or should not eat. The old saying 'a little of what you fancy does you good' is a good one to follow. Eating what you feel like, little and often is usually better than large heavy meals. Low-fibre food, which is easily digested, is usually best for the first few meals. You may find that spicy food and a lot of salad or fruit will upset your system so it may be a case of 'try and see' with certain foods. Try to keep up your energy levels by having a good calorie intake but it is quite common to lose a little weight initially. Try to drink at least six to eight cups of fluid per day.

How long will I be in hospital?

You will usually stay in hospital for three to five days after the operation, but this can vary a lot between individuals.

How long will it take for me to get back to normal?

The time it takes to get back to normal activities varies a lot for different people.

Walking is encouraged from the day after your operation and should be increased as tolerated once you are at home. It is important for you to pay attention to your body, balancing doing as much as you feel able to, to regain your strength and confidence with enough rest.

If lifting or other activities causes you discomfort, you should avoid them for a little longer.

You should try to avoid swimming until the area has completely healed.

You should not drive until you feel confident that you could manage an emergency stop. It is also advisable to check with your insurance company to make sure that you are covered in the event of an accident.

If you need to take painkillers these may make you drowsy, so you should avoid driving or operating machinery. People report that after about a week at home they don't need to take painkillers.

Some people find that it can take some months to adjust emotionally to the surgery. When you first go home you are likely to feel tired and unwell for a while, even feeling a little bit low but things will get better. Some people report that it takes them three months to feel completely back to their normal selves, others recover much more quickly. It is common to become frustrated that you cannot do everything that you would like to do but please be patient.

You can usually resume sexual activity as soon as this feels comfortable, but please speak to your surgeon at your clinic appointment if you are unsure. Please don't feel embarrassed about discussing any problems with your doctor or specialist nurse.

How long should I stay off work?

Most people need around four weeks off work, depending on your job. It is important for you to pay attention to your body, balancing doing as much as you feel able to with exercising enough to regain your strength and confidence.

Are there any long-term effects of the operation?

To start with your bowel actions are very likely to be loose, frequent and unpredictable. This should settle down with time. Most stomas develop a predictable pattern of action, but this may take some weeks.

Summary

To help you recover and return to normal as quickly as possible you need to actively participate in your recovery by walking, eating and drinking. Each day you should feel some improvement but do contact the ward if you are worried about something.

What should I do if I want further information?

If you have a problem or any questions soon after you go home, please call Frederick Salmon Ward and ask to speak to a specialist nurse practitioner or the nurse in charge. The ward is often busy and there may be a delay in answering the phone but please keep trying as it's important that we discuss your concerns with you.

Contact details

Frederick Salmon Ward
North side 020 8235 4022
South side 020 8235 4191

Specialist practitioners

Between 8am–8pm Monday to Saturday, contact the specialist practitioners nursing team on 020 8235 4000 and ask for bleep 450. Outside these hours please contact the ward and speak to the nurse in charge for advice.

There are more information leaflets on the St Mark's website at:

www.stmarkshospital.nhs.uk

For advice on medicines you have received from the hospital, call Medicines Information from Monday to Friday between 9am–5pm on 020 8869 2762.

General Trust Information

Patient Advice and Liaison Service (PALS)

PALS is a confidential service for people who would like information, help or advice about the services provided by any of our hospitals. Please call 0800 783 4372 between 9.30am–4.30pm or e-mail lnwh-tr.PALS@nhs.net.

Please note that this service does not provide clinical advice so please contact the relevant department directly to discuss any concerns or queries about your upcoming test, examination or operation.

For a translation of this leaflet or for an English version in large print, audio or Braille please ask a member of staff or call 0800 783 4372.