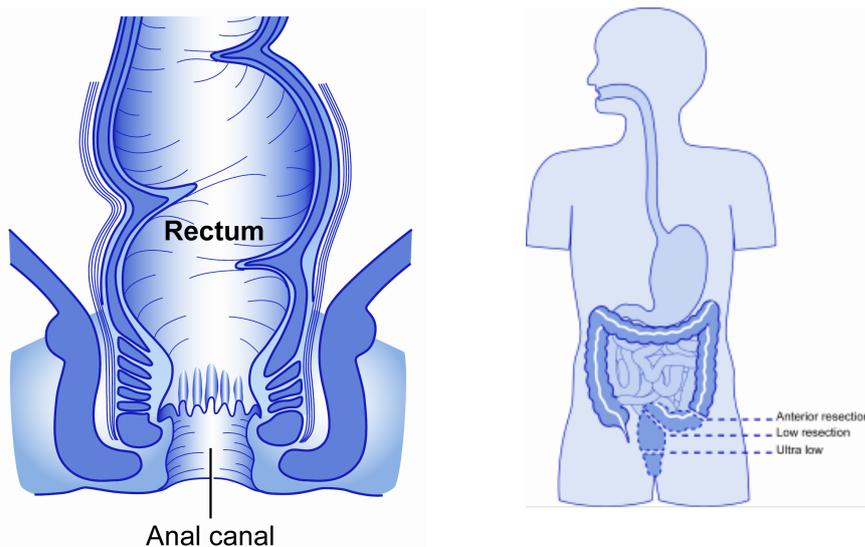


Anterior resection of the rectum

Introduction

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

The rectum is the storage organ at the end of the bowel. The lower end of the bowel is usually empty, except for occasionally when a large pressure wave or mass movement propels the stool into the rectum. This mass movement is often stimulated by activity or eating. There is a great variation in bowel activity between people with normal bowel function. Some people always open their bowels several times per day, whilst others only ever go once every 2 or 3 days, or even less often. Either can be normal, as long as there is a regular pattern to the bowel habit, the bowels are easy to empty and there is not excessive urgency or hurry to go.



What is an anterior resection of the rectum?

An anterior resection of the rectum is an operation to remove part of or the entire rectum. The surgeon will cut out this part of the bowel and sew or staple the 2 remaining ends together. Sometimes it is necessary to rest the 'join' in the rectum and form a temporary stoma called an ileostomy (or very occasionally a colostomy).

The purpose of the stoma is to keep the bowel motions away from the join whilst it heals. The stoma will be a small piece of your bowel that is surgically inserted through your abdominal wall and stitched onto your abdominal wall. If you require a temporary stoma it is usual for you to meet a stoma care nurse before the operation to discuss this in more detail.

What preparation is 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 pre-assessment 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 6 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 2 hours before the operation. You will probably be given 2 carbohydrate drinks (preOp drinks) to drink on the morning before your operation.

If you have bowel preparation the day before your operation you should keep well hydrated. You can drink water until 2 hours before the operation. You will probably be given 2 carbohydrate 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 1–2 weeks 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 4 times a day. You should sit up rather than lying flat and take 6 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 1–2 days. 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 1–2 days, 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 6–8 cups of fluid per day.

How long will I be in hospital?

You will usually stay in hospital for 3–5 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 3 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 4 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.

When will my ileostomy be closed?

If a temporary ileostomy is required, your surgeon will discuss with you after the operation when this may be closed, allowing the bowel to function as before.

Three months or longer is generally required for the join to heal. You can delay the closure without any harm, if this is more convenient. You will be reviewed in the outpatient department and an X-ray of the rectum may be performed to check that the join is water-tight.

The operation to close the stoma requires a general anaesthetic and will require a stay in hospital of 2–4 days. You will have a drip in your arm and a small dressing covering the stoma site. Your bowels may be quite urgent, loose and frequent for the first few days and you may experience some abdominal cramping as a result. You should however find that you are back on your feet quite quickly and you will not feel tired or sore for more than a few days once a home.

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.

Who should I contact if I want further information?

If you have a concern 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

For advice in the first few weeks after your discharge home, please call Frederick Salmon Ward. Ask to speak to one of the specialist nurse practitioners or the nurse in charge.

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. At other times contact Frederick Salmon Ward and ask to speak to the nurse in charge.

Appointments: 020 8235 4061

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.