

## General Surgery & Surgical Oncology

### **Laparoscopic/Open Colon Resection**

#### **About Conventional Colon Surgery...**

Each year, more than 600,000 surgical procedures are performed in the United States to treat a number of colon diseases. Although surgery is not always a cure, it is often the best way to stop the spread of disease and alleviate pain and discomfort.

Patients undergoing colon surgery often face a long and difficult recovery because the traditional "open" procedures are highly invasive. In most cases, surgeons are required to make a long incision. Surgery results in an average hospital stay of a week or more and usually 6 weeks of recovery.

#### **WHAT IS THE COLON?**

The colon is the large intestine; it is the lower part of your digestive tract. The intestine is a long, tubular organ consisting of the small intestine, the colon (large intestine) and the rectum, which is the last part of the colon. After food is swallowed, it begins to be digested in the stomach and then empties into the small intestine, where the nutritional part of the food is absorbed. The remaining waste moves through the colon to the rectum and is expelled from the body. The colon and rectum absorb water and hold the waste until you are ready to expel it.

#### **WHAT IS LAPAROSCOPIC COLON RESECTION?**

A technique known as minimally invasive laparoscopic colon surgery allows surgeons to perform many common colon procedures through small incisions. Depending on the type of procedure, patients may leave the hospital in a few days and return to normal activities more quickly than patients recovering from open surgery.

In most laparoscopic colon resections, surgeons operate through 4 or 5 small openings (each about a quarter inch) while watching an enlarged image of the patient's internal organs on a television monitor. In some cases, one of the small openings may be lengthened to 2 or 3 inches to complete the procedure.

#### **WHAT IS OPEN COLON RESECTION?**

For open colectomy, your surgeon will make a 6- to 8-inch cut in your lower belly.

- The surgeon will find the part of your colon that is diseased.
- The surgeon will put clamps on both ends of this part to close it off.
- Then the surgeon will remove the diseased part.
- If there is enough healthy large intestine left, your surgeon will sew or staple the healthy ends

back together. Most patients have this done.

- If you do not have enough healthy large intestine to reconnect, you may have a colostomy. In most cases, the colostomy is short-term. It can be closed with another operation later. But, if a large part of your bowel is removed, the colostomy may be permanent. Your surgeon may also look at lymph nodes and other organs, and may remove some of them. Colectomy surgery usually takes between 1 and 4 hours.

## **WHAT ARE THE ADVANTAGES OF LAPAROSCOPIC COLON RESECTION**

Results may vary depending upon the type of procedure and patient's overall condition.

Common advantages are:

- Less postoperative pain
- Laparoscopic is the preferred method, however there are emergent situations and medical situations that do not allow for the procedure to be done laparoscopically.

## **When should I call my health care provider?**

Call your provider if:

- You develop a fever over 100°F (37.8°C).
- You have any change or worsening of pain or symptoms.
- You have unusual drainage from the surgery area (including bloody drainage).
- You see blood in your stool.

Call during office hours if:

- You have questions about the procedure or its results.
- You want to make another appointment.

## **Before the Procedure**

Always tell your doctor or nurse what drugs you are taking, even drugs, supplements, or herbs you bought without a prescription.

Talk with your doctor or nurse about these things before you have surgery:

- Intimacy and sexuality
- Pregnancy
- Sports
- Work

## **During the 2 weeks before your surgery:**

- Two weeks before surgery you may be asked to stop taking drugs that make it harder for your blood to clot. These include aspirin, ibuprofen (Advil, Motrin), Naprosyn (Aleve, Naproxen), and others.

- Ask your doctor which drugs you should still take on the day of your surgery.
- If you smoke, try to stop. Ask your doctor for help.
- Always let your doctor know about any cold, flu, fever, herpes breakout, or other illness you may have before your surgery.
- Eat high fiber foods and drink 6 to 8 glasses of water every day.

The day before your surgery:

- A few days before surgery, you will be given a bowel prep that includes drinking fluids and taking laxatives and enemas. This is done to make sure that the colon is free of any stool.
- You may be asked to drink only clear liquids such as broth, clear juice, and water after noon.
- Do not drink anything after midnight, including water. Sometimes you will not be able to drink anything for up to 12 hours before surgery.

On the day of your surgery:

- Take the drugs your doctor told you to take with a small sip of water.
- Your doctor or nurse will tell you when to arrive at the hospital.

## After the Procedure

You will be in the hospital for 3 to 7 days. You may have to stay longer if your colectomy was an emergency operation.

You may also need to stay longer if a large amount of your small intestine was removed or you develop any complications. By the second or third day, you will probably be able to drink clear liquids. Your doctor or nurse will slowly add thicker fluids and then soft foods as your bowel begins to work again.