NORTH BAY GENERAL SURGERY
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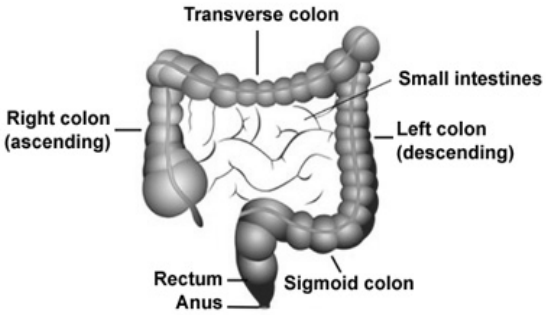
Colorectal Surgery

YOUR SURGERY DATE: _____ with DR._____

SURGERY: _____

The Preadmission Clinic (PAC) will be calling you to arrange an appointment, at this appointment they will give you the arrival time for your surgery. Occasionally we are required to reschedule surgery dates due to emergency cases or urgent cancer cases. We make every effort to give you as much notice and will work with you to book a new date.

Colorectal Surgery is surgery that involves disorders of the small intestine, colon and rectum.



Why would I need Colorectal Surgery?

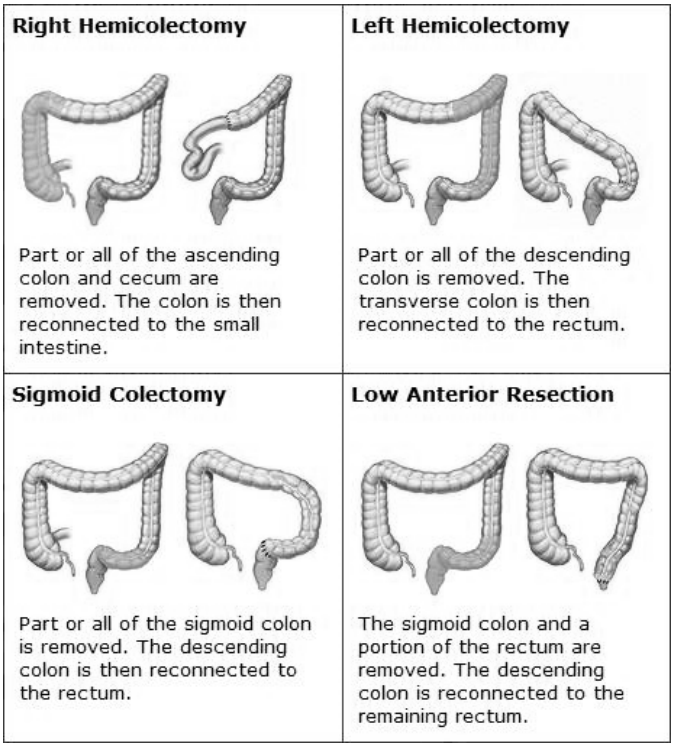
There are many different gastrointestinal conditions that can result in the need for surgery. These can either be benign (non-cancerous) disease or malignant (cancerous) disease.

- Inflammatory bowel disease such as Crohn's and Ulcerative Colitis
- Diverticulitis
- Large colon/rectal polyps
- Colon or rectal cancer

Different types of Colorectal Surgery:

There are many different types of surgery and which one is done is dependent on where your disease is located, the severity, and overall patient health status.

1. **Colectomy or bowel resection:** an operation to remove part of the intestine that is diseased. The name of the surgery depends on the part of the intestine that is removed.
   - **Right hemicolectomy:** the removal of the ascending (right) colon
   - **Left hemicolectomy:** the removal of the descending (left) colon
   - **Sigmoidectomy:** the removal of the lower part of the colon which is connected to the rectum
   - **Hartmans:** Sigmoidectomy without joining the ends of the bowel together and instead creating an ostomy (when the bowel is brought up to the skin)
   - **Anterior resection:** the removal of the upper part of the rectum



2. **Colostomy reversal:** Procedure in which the large intestine and rectum are reconnected after a previous colostomy.
3. **Loop Ileostomy reversal:** Procedure in which the two ends of bowel are reconnected after a previous ileostomy.

These procedures may be done laparoscopically, open or a combination of both. The type of operation depends on the severity of your disease, location, and overall health status.

What are the risks of surgery?

All surgeries carry risks, which include: Bleeding, infection, scars, pain, wound complications, hernia development at the site, heart and lung complications.

Risk specific to colorectal surgery: Anastomotic leak, ureteric injury, injury to other abdominal organs, pelvic nerve injury, possible need for an ostomy (temporary or permanent), and alteration in bowel habits after surgery.

What should I expect before my surgery?

Prior to your surgery, the pre-admission clinic at North Bay Regional Health Centre will book an appointment with you. This will either be done at the pre-admission clinic at the hospital or may be booked over the phone. During this appointment the nurse will gather health information from you and give you information about what to expect before/after surgery and answer any questions you may have. At this time, you may also have blood tests, an electrocardiogram, or any consultations with any other physicians as requested by your surgeon.

You will be given a Colorectal Patient Education Booklet**. Ensure that you take this with you to your preadmission clinic appointment.**

If you will be receiving an ostomy, or are at higher risk of needing an ostomy, you will be referred to see the enterostomal nurse prior to surgery. At this appointment they will give information about caring for your future ostomy, mark a site on your abdomen that would best fit an ostomy, and show you what the appliances look like.

Your surgeon may also recommend that you stop smoking and/or lose weight. This decreases the risks of complications during surgery and can aid in a faster recovery for yourself.

DO NOT SHAVE THE AREA PRIOR TO SURGERY, this can cause a greater infection risk. Excess hair will be removed at the hospital if required.

What should I expect the day of surgery?

The pre-admission clinic should give you all the information you need for the day of surgery. Please arrive to the day surgery unit at the North Bay Regional Health Center at the time instructed. Following your surgery, you will be admitted to the hospital for 2-5 days. This length of admission depends on the surgery that you had, and your recovery response.

What should I expect after surgery?

Incision: If your surgery is done laparoscopically, you will have several small incisions. If it is done open, you will have one larger incision. These can be closed either with sutures or staples. If sutures were used, they are almost always dissolvable and do not need to be removed. If dissolvable sutures are not used, your surgeon will instruct you otherwise. If staples are used, they need to be removed within 2 weeks. Call the office at 705-472-2646 to make arrangements to have them removed. There may also be some steri-strips. These will naturally start to loosen and fall off between 1 and 2 weeks. Immediately after surgery there will be a dressing over these incisions. This dressing may be removed 24-48 hours after surgery.

Pain: There may be pain from the incision and from the general abdominal. Do not be alarmed if you are feeling pain from an area that does not appear to be directly under the incision. Your throat may also be sore for the first 48

hours after surgery. Let the nursing staff at the hospital know when you are having pain. Upon discharge, you may be prescribed something for pain; or alternatively you may also take Tylenol 650mg every 4 hours.

Diet: You will be given diet instructions in your Colorectal Patient Education Handbook and at your pre-admission clinic appointment, including chewing gum after surgery. Please review these and follow instructions. Following surgery, you may be nauseated, you can request medication from a nurse. Your diet will most likely be reintroduced slowly, starting with fluid and increasing to solid foods. Follow the instructions from the nursing staff upon discharge.

Activity: Try to move and walk small amounts the day of surgery, and continue to increase your activity daily, this will ensure that your muscles remain strong, prevent blood clots, keep your bowels moving, and prevent any breathing problems. Try to limit strenuous activities (such as lifting children, groceries, laundry, moving furniture etc.) for 1-2 weeks post-surgery. Do not lift anything over 15lbs for 3 weeks. You may return to driving when you are no longer on pain killers and can comfortably use the gas / brake pedals and shoulder check.

Hygiene: After the bandage has been removed it is ok to shower. Do not scrub or rub the incision area and carefully pat dry after showering. The incision does not require a dressing and can be open to the air. If you do apply a dressing over it, ensure it is clean and dry. Do not soak in the bathtub until the incisions are fully healed. Usually about 3 weeks. Do not put powder, cream, makeup, deodorants or perfumes on the incisions.

Discharge from the Hospital: After you have been discharged from the hospital ensure that you continue to get up and do small walks (3-4) every day. This will prevent the formation of blood clots. Depending on the type of surgery, reason for your surgery, and your health status, your surgeon may also send you home on injectable blood thinners. You will be taught how to administer these to yourself in the hospital and it is important to follow the instructions when you are discharged.

Follow-up with surgeon: You should follow-up with your surgeon 2-4 weeks after your surgery. Please call your surgeon or report to the Emergency Department if you experience:

- Rapid increase in swelling or bruising in the first 24 hours after surgery
- Fever
- Pus or increased drainage from the incision
- Pain that is not relieved with medication

Returning to work: Timeline for returning to work depends on the type of surgery you had, the reason for the surgery, and your recovery. Some people can return to work 2-4 weeks following surgery, speak with your surgeon to get a more accurate time-line. You do not have to be assessed by your surgeon in a follow-up appointment before returning to work.

Colon Cancer: If you have been diagnosed with a colon or rectal cancer you may be referred to the North East Cancer Center in Sudbury for further evaluation and treatment. This will be discussed at your follow-up appointment.

There is a **Cancer Survivorship Program** available in North Bay. It is an 8-week program developed by a local dietician and physiotherapist with the goal of hands on instruction about activity and nutrition, to help reduce the risk of cancer recurrence, new cancer development, and increase quality of life during treatment. If you are interested in this program, please call Active Wellness at 705-497-0004.

Colostomy / Ileostomy: Sometimes during bowel surgery, it is necessary to create a colostomy or ileostomy. An ostomy is a surgically created opening in the abdomen for the removal of stool. You may have to receive a colostomy or ileostomy, either temporarily or permanently, depending on surgery performed, your health status, and extent of the disease found during surgery.

If you have received an ostomy it is not unusual to still pass some mucous or stool in your rectum. This is the leftover stool from prior to surgery, or mucous created by your remaining bowels. It may be streaked with blood and this is also normal.

If you need or receive a colostomy or ileostomy you will be given additional education and care instructions. You will also have follow-up with homecare upon discharge.