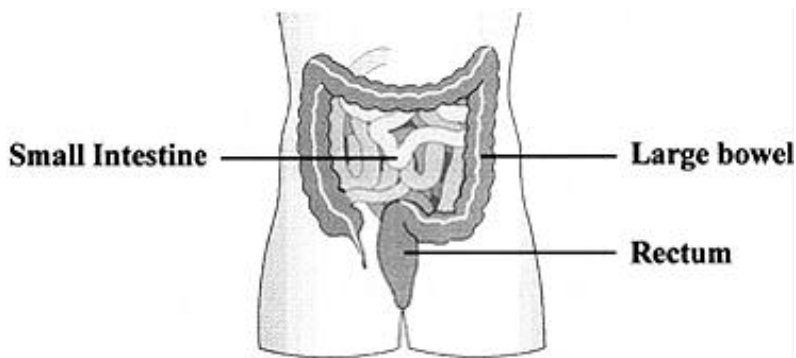


## Large Bowel Resection

### Your Questions Answered

#### What is the large bowel?

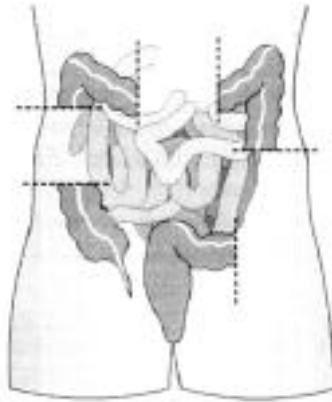
The large bowel (also called the large intestines or colon) is the last part of the intestines. The food we eat travels from the mouth to the stomach where digestion starts, and then through the small intestines where it is broken down and all the goodness and nutrients that the body needs are absorbed into the blood stream. What is left, the waste products that the body cannot use, passes from the small bowel into the large bowel (see diagram). About 500-1,000mls (1-2 pints) of waste, the consistency of thick pea soup, enters the large bowel each day. The colon runs up on the right side of the abdomen (the "ascending colon"), across the abdomen (the "transverse colon") and down the left side (the "descending colon"), ending in a wider portion called the rectum. The rectum is the storage organ at the end of the bowel.



It is the job of the large bowel to absorb fluid from the waste it receives, so gradually forming it into bowel motions (also called stools or faeces) and to store those stools until it is socially convenient to empty 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 (especially eating breakfast, which for many people is followed by an urge to empty the bowels). There is a great variation in bowel activity between people with normal bowel function. Some people always open their bowels several times per day; others only ever go once every 2-3 days, or even less often. Either can be normal, as long as the bowels are easy to empty and there is not excessive urgency or hurry to go.

#### What is a large bowel resection?

A large bowel resection is an operation to remove all or part of the large bowel because it is diseased or not working properly. The bowel is like a hollow tube. The surgeon will cut out part of the bowel and sew or staple the remaining ends together (sometimes called an "end to end anastomosis"). The amount of bowel removed can vary a lot, depending on the reasons for the operation.



### **What preparation is needed before the operation?**

It is usual to operate on an empty bowel. We usually recommend that 2 days before your operation you should eat a light diet which is low in fibre. Fish, chicken, rice and mashed potato would be suitable. Try to avoid vegetables, fruit, cereals and wholemeal bread. You can drink as much as you like. You should keep up your calorie intake before the operation, so milk and sweet drinks are good. Fish oils may also be useful.

The day before your operation we would like you to take clear fluids only. This means that you should eat no solid foods at all, and take only drinks that you can see through, not milk or fruit juice. Clear soup and squash are fine, as are black tea and coffee, and again sweet drinks will help to keep up your strength and calorie intake.

You may well come into hospital the day before your operation. Shortly after your arrival you will usually be given some medicine to empty your bowels thoroughly. You may experience some abdominal cramping and you will usually open your bowels several times very urgently - so make sure you know where the toilets are! The nurses will give you some cream if going often makes you sore and a pad if you need one. Passing a lot of stool means that you also lose a lot of fluid, so try to drink at least one glass of fluid per hour.

Blood will be taken for routine tests and you will be asked some questions about your general state of health by both nurses and doctors. You will be visited by the Anaesthetist, who will check that you are fit for an anaesthetic and discuss suitable pain relief for after the operation. A surgeon will visit you to discuss your operation and you will be asked to sign a consent form. It is important that you fully understand what operation is planned and what the likely benefits and possible side-effects are. This is a good time to discuss any further questions that you have about the operation.

You will usually be given some white stockings to wear during and after the operation. This is to help prevent blood clots in your legs.

The evening before your operation the nurses will be able to give you an idea of the approximate time of your operation. But be prepared for delays as there may be emergency patients to be fitted in.

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

You are likely to have a dressing in place on your abdomen, a drip in your arm and a catheter to drain your bladder. The drip keeps up your fluid levels and gives you some energy. Sometimes it may be necessary for a tube to be left to drain blood from the abdomen. Occasionally a tube will have to be inserted through the nose into the stomach to stop you from being sick. Sometimes the size of the wound looks surprisingly long and you may be able to see some metal clips.

We will aim for you to be as pain free as possible. Some discomfort is to be expected. Painkillers will usually be given continuously via a pump during the first few days after your operation. Please discuss with your nurse if you feel that your pain is not well controlled.

When you are awake you may not be allowed to drink at first. Many surgeons wait until the doctor can hear sounds in your bowel through a stethoscope and you have passed wind. This can take a few days. When your bowel sounds start you will be allowed small amounts of fluid each hour, gradually building up to being able to drink as much as you like. Recently, some patients have been allowed to eat and drink earlier than usual, and this will be decided by your individual consultant. Once you are drinking normally the drip in your arm can come out. You will usually be able to start eating a light diet if you are drinking well and don't feel sick.

We will usually get you up into a chair the first day after your operation. This is to help get your circulation moving. The stockings on your legs may feel hot, but they are very important to help to prevent blood clots. We recommend that you continue to wear them day and night for 6 weeks after your operation (they can be hand washed). While you are in bed it is a good idea to point your toes up and down and to gently exercise your legs. You should sit up rather than lying flat and take six deep breaths an hour, expanding your chest as fully as possible. The physiotherapist will probably visit you and show you some chest exercises and make you cough any phlegm up off your chest. If deep breathing is painful you should discuss pain relief with your nurse and try to get as comfortable as possible before the physiotherapist visits.

You can have a bath or shower as soon as you feel able, often within a couple of days of the operation. You are bound to feel a little wobbly at first, so ask for help if you need it, or at least let your nurse know where you are going, and use the nurse call button if you need to. You may find that you have a sore throat or husky voice 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 and vocal chords. Gargles may help ease any soreness, which should go within a few days.

At first you will be helped to do most things by the nurses. After the first few days the amount of nursing care you receive generally decreases as you become increasingly independent. The catheter will usually stay in your bladder for 3-4 days until you are able to get to the toilet yourself. Your stitches or clips will be taken out after about 10 days.

In the first few days you will feel tired and may want to request that only close family and friends visit, and to keep visits quite short.

### **When will my bowels start to work again?**

Your bowels will usually start to make sounds after 2-3 days. If you are eating, you may have a bowel action after 4-5 days, but you may well not. This is not a cause for concern.

### **How long will I be in hospital?**

We will usually want you to stay in hospital for 7-10 days after the operation, but this can vary a lot between individuals. If you go home early we will arrange for a district nurse or the practice nurse at your GP's surgery to take out any stitches or clips.

### **How long should I stay off work?**

The time taken to get back to normal activities varies a lot for different people. Do as much as you feel comfortable doing. If you need to take painkillers these may make you drowsy, so you should avoid driving or operating machinery. If lifting causes you discomfort you should avoid it. You should not drive until you feel confident that you could manage an emergency stop.

Most people need about four weeks off work, but this will depend a little on what you do and 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.

You should try to avoid excessive walking or sitting still until your wound has healed. It would also be unwise to go swimming until the area has completely healed. You can resume sexual activity as soon as this feels comfortable.

### **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 doctor. 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. Eat what you feel like, little and often is usually better than large heavy meals. Food with a low residue (low fibre) and easily digested is usually best at first. You may find that spicy food and a lot of salad or fruit will upset you. 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. It is quite common to lose a little weight. Try to drink at least 6-8 cups of fluid per day.

### **Getting back to normal**

Having an operation can be a stressful experience, physically and emotionally. In the first weeks at home you may have some days when you feel quite low and this is normal. 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. Things will get better. Some people report that it takes them 3-6 months to feel completely back to their normal selves, others recover much more quickly. It is common to feel a bit low in the first weeks and to become frustrated that you cannot do everything that you would like to do. Be patient!

### **Are there any long-term effects of the operation?**

To start with your bowel actions are very likely to be loose, unpredictable and quite urgent. It can take several months for this to settle and for you to develop a predictable pattern. Your bowel function is unlikely to be exactly the same as it was before your operation, so your expectation of what is "normal" for you may need to be adjusted. If a large portion of the colon has been removed then your stool may always be looser, as less water will be absorbed from it. It takes time for the bowel that remains to compensate for that which has been removed, and it may never completely do so.

If diarrhoea becomes a persistent problem, discuss this with your doctor. There are medicines which can help firm up the stool and some people do need to take medicine on a permanent basis.

Some people experience sexual difficulties after major abdominal surgery. It is normal to feel a little wary and anxious at first. If difficulties persist, do discuss this with your doctor as often help is available.

With thanks to the Friends of St. Mark's Hospital for supporting production of this leaflet.

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