

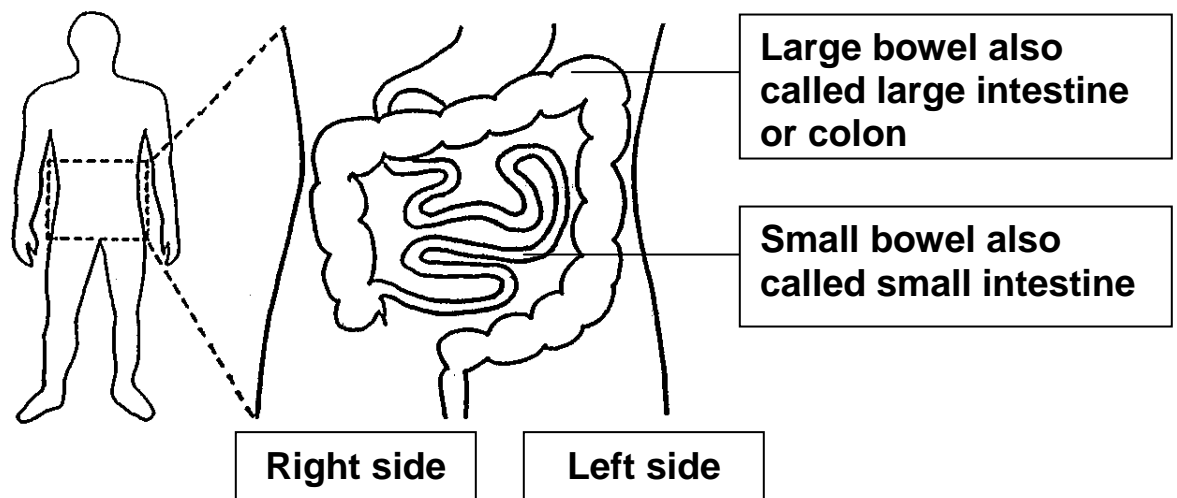
## Laparoscopic Bowel Resection Surgery

### What is bowel resection surgery?

Bowel resection surgery removes a part of the small or large intestine. The large intestine is also called the colon. When part of the colon is taken out, it may also be called a colectomy.

When part of the bowel is taken out, the bowel that is left in the body is joined. This is called a bowel resection.

This type of surgery takes about 2 to 3 hours.



### Why do I need bowel resection surgery?

You need a bowel resection to relieve the symptoms caused by a disease or problem in your bowel. Talk with your doctor about the cause of your bowel problem.

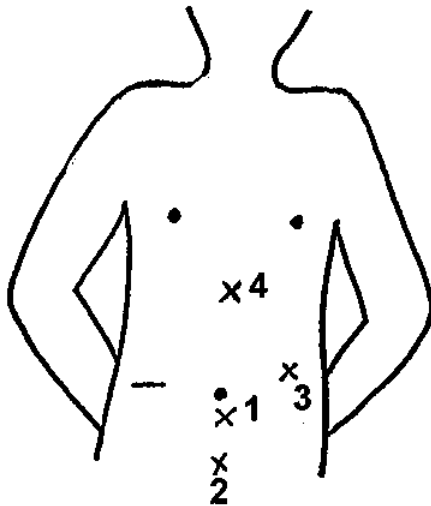
The type of surgery you have depends on your problem. There are 2 common types:

- A right hemicolectomy means you are having part of the right large bowel removed
- A left hemicolectomy means you are having part of the left large bowel removed

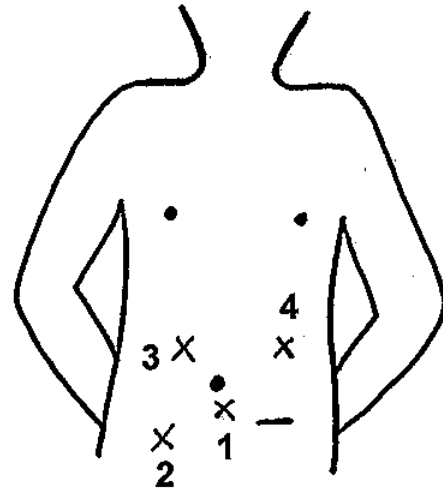
Your doctor will tell you what type of surgery you are having and why.

## What is laparoscopic bowel resection surgery?

Laparoscopic surgery is done by making 4 small incisions, 2.5 cms or less in your abdomen. You will also have 1 incision that is 4 to 5 cms long where the bowel is removed. The pictures below show where the incisions may be. Your incisions may not be in exactly the same places.



**right hemicolectomy**



**left hemicolectomy**

**1** This incision is used to put a special gas into the abdomen so the doctor can see the bowel. Then, a very small video camera is put into this incision.

**2** and **3** are smaller incisions for instruments that hold and move parts of the bowel around.

**4** This incision is for an instrument that removes part of the bowel.

## What is the open method?

Sometimes during laparoscopic surgery the doctor decides to remove a part of the bowel by the open method for safety reasons. The open method means that the part of the bowel is removed by making a 15 to 20 cm incision in the abdomen. If you have the open method, you stay in the hospital 7 to 10 days. Your recovery period is about 4 to 6 weeks.

## How do I get ready for this surgery?

Your doctor may tell you to have only clear fluids 2 to 3 days before surgery.

Clear fluids include:

- water, clear tea, clear coffee
- fruit juice with no pulp
- carbonated beverages
- clear broth or consommé
- jello, popsicles or freezies
- low residue lactose free nutritional supplements such as Resource™ Fruit Beverage

**✗ Do not drink milk or eat any solid foods during this time.**

Your doctor or nurse will tell you how to prepare your bowels. You may need a bowel preparation and antibiotics before surgery.

The bowel preparation will make you have enough bowel movements to clean out your bowel before surgery. It is very important for your bowels to be empty before surgery. Taking the bowel preparation the correct way decreases the risk of infection after surgery.

If you take medications regularly, ask your doctor if the time or amount of medication you take needs to be changed before surgery.

Just before surgery you will have a thin tube put into a vein in your arm. This is called an intravenous or IV. It is used to give your fluids and medication before and after the operation.

## **What happens during bowel resection surgery?**

You will have a general anaesthetic. This means you are asleep during the operation. The doctor makes the small incisions in your abdomen and removes the part of your bowel that is causing problems. The operation takes 2 to 3 hours.

## **Where will I go after surgery?**

You will go to the recovery area after surgery. You will stay there until you are fully awake – about 2 to 3 hours. You will then go to a nursing unit you are ready to go home.

## **How will I feel after surgery?**

### **Pain and discomfort:**

You may have pain and discomfort after surgery. You will have medications to control pain. Pain should be less each day.

You may have pain control medication through:

- a PCA pump **or**
- a portable pain pump **or**
- medication by IV or mouth

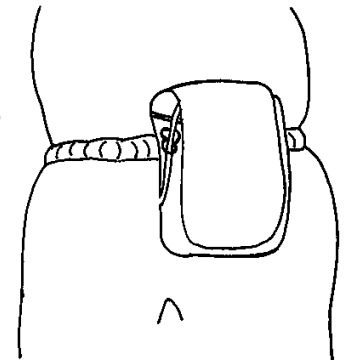
**The pain control method depends on your doctor and the anesthetist.**

### **□ PCA**

PCA stands for Patient Controlled Anesthesia. This is a machine that allows you to give your own pain control medication. The machine is attached to the IV. When you want pain control medication you push the control button. If you have a PCA you will have this for 1 to 2 days after surgery. After that, most people begin taking pain control medication by mouth.

### **□ Portable Pain Pump**

You may have a portable pain pump to control pain. For this method, during your operation the doctor inserts a very thin tube under your skin close to the operation site. The tube is attached to a small pump that contains pain control medication. The pump fits into a carrying case that can be hooked onto a waistband so you can move around.

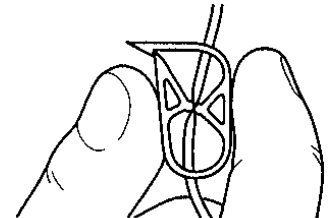


The doctor decides how much medication you will get through the pump. You do not need to add medication or push any buttons for the pump to work.

If you have this type of pump you may go home using it. The visiting nurse will check your pain control at each visit. Your pain should become less each day. If your pain does not decrease, talk to your visiting nurse. The pain pump will be taken out on the 3<sup>rd</sup> day after surgery. After that, you can take medications by mouth to control pain if needed.

If you have any of the following side effects from the pain pump, close the clamp on the tubing and contact your doctor:

- skin rash or hives
- a metallic taste in your mouth
- feeling light headed or dizzy
- feeling restless or very drowsy



### **□ Medication by IV or mouth**

The nurse can give you medication through your IV. You may also have medication by mouth. This is called oral medication. Most people begin taking oral pain control medication after the PCA or portable pain pump are removed.

## **Other ways to relieve pain and discomfort are:**

- drinking warm fluids
- walking
- any method of relaxation such as listening to music or deep breathing

## **Nausea**

If you have nausea or feel sick to your stomach, tell your nurse. You will be given medication to help. You will be given a prescription to help control nausea at home if needed.

If you have vomiting or continuous nausea at home, call your visiting nurse or the doctor on-call at the hospital. You may need to come to the Emergency Department for an assessment.

## **What can I eat and drink after surgery?**

After surgery you will have the IV in your arm. The IV is used to give you fluids until you are ready to have fluids by mouth. The IV will be taken out before you go home.

You will begin sucking ice chips. You may begin clear fluids the morning after your operation. Your nurse will tell you when to start sipping clear fluids. Clear fluids include water, juice, tea or coffee without milk or cream, jello, popsicles, sports drinks and broth.

**Talk to your doctor or ask to see a dietitian about the amount of fluid to drink if you have kidney or heart problems.**

**Members of the health care team looking after you will decide how to advance your diet along. Each person is different and the team will assess how fast or slow to go with you.**

## **General diet guidelines:**

You may have only clear fluids for the first 2 days after surgery.

On the 3<sup>rd</sup> day after surgery, you should progress to full fluids for 1 to 2 more days. Full fluids include milk, puddings, custards, refined cooked cereals, yogurt, cream soups, milkshakes, Ensure<sup>®</sup> and ice cream.

You can then have a soft diet for 1 to 2 more days. Soft diet includes: eggs, meats moistened with gravies and sauces, mashed potatoes, pasta, rice, well cooked vegetables and ripe fruit.

**In general, after you can take about 500 ml or 2 cups of clear fluids you will be allowed to start on a soft to normal diet.**

## **When will I have a bowel movement?**

It may be several days before you have a bowel movement. You should not strain to have a bowel movement. Straining increases pressure on your incisions. You can prevent straining by having soft bowel movements. Your doctor may order medication to prevent or treat constipation. You can also help prevent constipation by:

- eating foods high in fibre
- drinking extra fluids
- moving around and walking regularly

Foods high in fibre include whole-grain breads and cereals, fruits, vegetables, legumes and bran.

## **How do I look after my incisions?**

### **When you have a PCA or pain pump:**

You will have special tape over each incision. You should have a sponge bath at the sink for the first few days while the pain pump is in. Try not to get your incisions too wet. Dry your incisions after you bathe. **The pump must stay dry.**

### **When you do not have a PCA or pain pump:**

You will have special tape over each incision. The hospital nurse will check your incisions before you go home. You may shower 24 hours after surgery. Try not to get your incisions too wet. Avoid having shower water directly hit your incisions. Dry your incisions after you shower. The tape will fall off by itself.

## **What activity can I do?**

To prevent problems after surgery, it is very important for you to do deep breathing, coughing and circulation exercises each hour you are awake. You need to do these exercises even though it may be uncomfortable. Your nurse will show you how to do these exercises while you are in the hospital.

When you do deep breathing and coughing exercises, place a pillow or rolled up blanket over your incisions. This will help support the incisions and prevent straining. Keep doing deep breathing, coughing and circulation exercises at home as well.

You need to start moving and walking as soon as possible after surgery. Moving and walking will:

- keep your muscles strong
- prevent breathing problems
- help your blood move around your body
- help your bowels become active and pass gas

### **Exercise**

You can do moderate exercise like walking. ✘Do not do strenuous exercise like shoveling snow, vacuuming or moving the lawn.

✘Do not do any heavy lifting for 6 to 8 weeks. Heavy lifting is more than 10 pounds or 4 kilograms. This weight is like a full grocery bag, a small suitcase or a small baby. Gradually resume your usual activities.

## **What about sexual activity?**

You can have sex when the pain and swelling around your incisions are gone and you feel comfortable.

## **When can I go back to work?**

This will depend on the type of job you do. Ask your doctor when you can expect to return to work.

## **When should I see the doctor again?**

Contact your doctor's office for a follow-up visit.

## Call your doctor if you have:

- swelling or redness at any incision
- bleeding, discharge or a foul smell from any incision
- bulging from any incision
- nausea, vomiting or loss of appetite
- a fever greater than 38°C or 100°F
- not passed any gas after about 48 to 72 hours and you have pain in your abdomen
- pain that is getting worse

