

## Patient and Carer Information

# LAPAROSCOPIC COLORECTAL SURGERY

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**Please read this leaflet carefully. It is important that you take note of any instructions or advice given. If you have any questions or problems that are not answered by the information here, please ask your doctor or nurse.**

## Introduction

Traditionally, bowel and rectal surgery required a large abdominal incision, which often affected the length of stay in hospital, and needed a lengthy recovery. New instruments and improved surgical techniques allow the surgeon to perform the procedure, under a general anaesthetic, through several small incisions on the abdomen. This procedure is often referred to as 'minimally invasive 'keyhole surgery' or 'laparoscopic' colorectal surgery.

Colorectal conditions that can be treated with keyhole surgery in selected cases include:

- Colorectal cancer
- Diverticular disease
- Appendicitis
- Large bowel polyps
- Rectal prolapse (when rectal tissue relaxes or is no longer supported by the surrounding muscle)
- Inflammatory bowel disease (Crohns or Ulcerative colitis).

## Description

Laparoscopic surgery uses a thin, telescope-like instrument called a laparoscope, which is inserted through a small incision in the belly button. The laparoscope is connected to a video camera, which projects a view of where the surgeon wants to operate onto video monitors located in the operating theatre. The abdomen is then inflated with carbon dioxide, which is a gas, allowing the surgeon to view the operation site more clearly. Three or four small incisions are made in the abdomen through which the surgeon inserts the surgical instruments. One of the incisions made will be enlarged to allow removal of the appropriate part of the bowel.

## Advantages

- Shorter hospital stay
- Shorter recovery period
- Less pain from the incisions
- Faster return to normal diet
- Faster return to work and normal activity
- Improved cosmetic results

## **Disadvantages**

Prolonged operation time

## **Contraindications**

Your Consultant will assess your suitability for keyhole surgery, but the following are constraints:

- Previous abdominal surgery (not in all cases and this would be discussed on an individual basis)
- Obesity
- Advanced heart disease
- Lung disease
- kidney disease

## **Complications**

The following complications are also associated with major surgery

- Reaction to the anaesthetic
- Bleeding in the abdomen
- Wound infection
- Heart attack
- Chest infection
- Deep vein thrombosis (Clot in the leg)
- Pulmonary embolism (clot in the lung)
- Injury to surrounding organs
- Leak in the join of the bowel (referred to as an anastomotic leak)

If the operation cannot be completed with keyhole surgery (and there are many reasons for this, for example, inability to control bleeding, inability of the surgeon to view clearly the operation site) then the surgeon will make the traditional open incision on the abdomen. This is not viewed as a failure, but rather a decision by the surgical team to complete the operation safely

## **Wound care**

There are a number of techniques used to close incisions:

Stitches are placed beneath the surface of the incision, and the stitch is absorbed by the body in about six weeks and does not therefore require removing.

Special glue, which glues the skin together

## **Post-operative instructions**

It is common to feel weak and tired after discharge from hospital, and you need to give yourself time for your body to heal from the stress of major surgery

Short walks, gradually building up to longer walks over a period of weeks are encouraged. This will vary from patient to patient and you will know when to go to the next step

Walking upstairs is permitted; initially you may need someone to assist you.

Lifting heavy objects should be avoided for at least six weeks after discharge as you may experience increased abdominal discomfort and pain

Showering and taking a bath is encouraged. Wash over the incisions gently with warm water and soap, and dry the incisions well

Driving is not permitted until an emergency stop can be performed at once. If you are taking prescription pain medications or strong pain killers then you must not drive as this may impair your response

Sexual activities can be resumed as soon as you feel comfortable to do so

Returning to work varies depending on the type of work you do and we recommend that you discuss this with your surgeon

Generally there are no dietary restrictions following surgery, the advice is to resume a healthy well balanced diet. If you feel that you require advice on this, as it will be different for each person, then this can be discussed prior to discharge

## **Things to look out for**

- Severe abdominal pain that is not relieved by medication
- High temperature, with shivering and fever
- Persistent nausea (feeling sick) and vomiting
- Swelling, redness, pain around incision sites

If you experience any of these symptoms consult your doctor (GP) or telephone the hospital for advice

## **Medication**

You will be prescribed pain killers after surgery and instructed how to take them. Prescribed pain killers can cause constipation and if this happens, consult with your GP who will prescribe you a laxative.

## **Follow up**

An appointment to see your Consultant will be made for approximately 6 weeks after your operation, to assess how well you are recovering from surgery

If you have any concerns on discharge please do not hesitate to contact either your own General Practitioner, or alternatively –

**Mel Aubin & Pippa Cottam**  
Macmillan Gastrointestinal/Colorectal Clinical Nurse Specialists

**Tel: 01423 553340**  
(Answer-machine available)

Or

**Gill Wilson,**  
Stoma Care Sister

**Tel: 0755 7001311**

If you require this information in an alternative language or format (such as Braille, audiotape or large print), please ask the staff who are looking after you.

