

PATIENT INFORMATION ON LAPAROSCOPIC COLON RESECTION

What is the Colon?

The colon is the large intestine, 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. The colon surrounds the coils of the small intestine. 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 the rectum absorb water and hold waste until you are ready to expel it.

About Conventional Colon Surgery:

Each year, 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 5-8 days and usually 6 weeks recovery time. Now, a new 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.

What Is Laparoscopic Colon Resection & Its Advantages ?

In most laparoscopic colon resections, surgeons operate through 4 or 5 small openings (each about 1/2 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. Although laparoscopic colon resection has many benefits, it may not be appropriate for some patients. Through a medical evaluation by a qualified laparoscopic surgeon, it can be determined if the technique is appropriate for you.

The advantages of laparoscopic surgery may vary depending upon the type of procedure and overall condition:

- Less postoperative pain
- Shorten hospital stay
- Faster return to solid-food diet
- Quicker return of bowel function
- Quicker return to normal activity
- Better cosmetic results

How Are Intestinal Diseases Found ?

Diseases of the Small Intestine include: Blind Loop Syndrome, Short Bowel Syndrome, Obstruction of the Small Intestine, Crohn's Disease, Ulcerative Diseases, Fistulas, Vascular Lesions, & Tumors.

Diseases of the Large Intestine include: Obstruction, Tumors, Polyps, Diverticular Disease, Colovesical Fistula, Gastrointestinal Bleeding, Colitis, & Volvulus

Diseases of the Rectum include: Internal & External (Thrombosed) Hemorrhoids, Anal Fissure, Anorectal Abscess & Fistulas, Pilonidal Cysts, Pruritus Ani, Rectal Prolapse, Rectal Ulcer, Anal Stenosis, Fecal Impaction & Tumors.

Diagnostic Evaluations: Blood work, Abdominal x-rays, Barium Enemas, Colonoscopy, CT Scans, Ultrasound, MRI, Anoscopy, Flexible Sigmoidoscopy, & Rigid Sigmoidoscopy.

How Is Laparoscopy Colon Resection Performed?

General anesthesia is used, therefore, the patient is asleep throughout the procedure. In the laparoscopic operation, surgeons insert cannulas (narrow tubes) through small incisions (1/4 to 1/2 inch) to enter the abdomen. The laparoscope, which is connected to a tiny video camera, is inserted through the cannula, and gives the surgeon a clear, magnified view of the patient's internal organs on a television screen. Instruments such as forceps and scissors are inserted through other incisions and the entire operation is performed "inside" without making a large incision. The surgeon then inspects the peritoneal cavity.

What Happens If The Operation Cannot Be Performed By The Laparoscopic Method?

In a small number of patients the laparoscopic method is not feasible because of an inability to identify the anatomy adequately or handle the organs safely. Factors that may increase the possibility of converting to "open" procedure include obesity, a history of prior abdominal surgery causing dense scar tissue, bleeding problems during the operation, or intense inflammation around the intestine obscuring the normal anatomy. The decision to convert to an open procedure is made by your surgeon during the operation and is based strictly on patient safety.

What Are The Complications Of Laparoscopic Colon Resection?

Complications can occur with any operation and include bleeding, blood clots, and infection, which are uncommon with the laparoscopic method. An even less common but serious complication is an unintended injury to adjacent organs such as the small intestine, ureter, bladder, or a leak where the colon was reconnected back together.

What Are The Complications Of An Open Colon Resection?

These are the same as for the laparoscopic operation. There is however a higher chance of pneumonia, wound infections, and clots forming in the deep veins of the leg or lungs. Of course, there is more pain after an open abdominal operation and recovery is much longer.

What Preparation Is Required?

- You should refrain from eating, drinking, and chewing tobacco after midnight the night before your operation. You should refrain from smoking 24 hours before your operation. People who smoke prior to general anesthesia are 20 times more likely than non-smokers to have episodes of inadequate oxygen supply to the heart (which could be interpreted as a heart attack).
- If you take medication on a daily basis, our surgeons request that only heart and blood pressure medications be taken with a sip of water the morning of the operation (unless otherwise instructed). If you take aspirin, blood thinners, arthritis medications, **or Ibuprofen stop taking (4) days prior to your surgery unless otherwise instructed by your surgeon. If you are on insulin, take half of your usual morning dose the day of surgery, unless otherwise instructed by your doctor. Your blood sugar will be checked at the hospital before your operation.**
- **If you take an antibiotic prior to a dental procedure, please inform your surgeon. You may also require an antibiotic prior to your surgery.**
- **You should shower or bathe the night before or the morning of your operation, taking care to clean the umbilicus (belly button) with a Q-tip using soap and water.**
- The afternoon before surgery you will be instructed on a bowel preparation to cleanse out the intestines. The surgery scheduler will give you instructions on what to buy and how to do this.
- Routine pre-operative testing may be required (blood tests, EKG, Chest X-ray). Depending on your medical condition, you may need clearance from your cardiologist, pulmonologist, or family physician before your operation can be scheduled and performed.

What Should I Do If I Have Problems After Surgery?

- **If nausea occurs and does not subside, please call the office nurse and have your pharmacy# ready.**
- **If you develop a temperature over 100.5°, redness around the incisions, or yellowish drainage from the incision sites, you may have a wound infection and should call your surgeon as soon as possible.**
- **You should also call if you feel faint (as if you will pass out) develop worsening pain (that the pain medicines do not control) or develop rectal bleeding.**
- **Office hours are 8:00 AM to 4:30 PM Monday thru Friday, except for holidays. In case of an emergency after hours, call 872-1158 and our answering service will contact the doctor on call. If you have routine questions, call our office.**

IF YOU FEEL YOU ARE SERIOUSLY ILL, YOU SHOULD GO TO THE EMERGENCY ROOM IMMEDIATELY!