Ashford and St. Peter's Hospitals NHS
NHS Foundation Trust

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اگر آپ اس کا اُردو زبان میں ترجمہ چاہتے ہیں، تو براہِ کرم اِس فون نمبر 01932 723553 پر رابطہ کریں

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Ashford and St. Peter's Hospitals NHS
NHS Foundation Trust

A Guide to your Bowel Surgery

General Surgery

Patient Information

Further Information

We endeavour to provide an excellent service at all times, but should you have any concerns please, in the first instance, raise these with the Matron, Senior Nurse or Manager on duty. If they cannot resolve your concern, please contact our Patient Advice and Liaison Service (PALS) on 01932 723553 or email asp-tr.patient.advice@nhs.net. If you remain concerned, PALS can also advise upon how to make a formal complaint.

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Further Information

Useful numbers

Colorectal Cancer Nurse Specialists (Jo and Marguerite)
01932 723245

Stoma Care Nurse Specialists (Carol, Sarah, Sally & Angela)
01932 722636 / 723709

Pre Assessment Clinic	**01932 722498**
Colorectal Secretaries for:	**01932 722233**
Mr HJ Scott	**01932 722318**
Mr PE Bearn	
Mr JP Trickett	
Mr P Nisar	
Mr P Trivedi	
Dr Essapen's Secretary (Oncologist)	**01932 723421**

A Guide to your Bowel Surgery

Introduction

Receiving a diagnosis of cancer is a life changing event and you and your family may experience a wide range of emotions during the treatment pathway. On a positive note, bowel cancer is one of the most common and treatable cancers. The colorectal team at Ashford and St. Peter's NHS Trust is a dedicated specialist team and our aim is for you to receive the best possible care. This booklet is aimed to help explain your surgery and treatment plan.

The Multi-Disciplinary Team (MDT) For Colorectal Cancer

Each patient's care is shared between various members of the MDT. The members of the team include: consultant colorectal surgeons, consultant oncologist (cancer specialist doctor), medical staff, clinical nurse specialists, radiologists and pathologists.

Once your investigations are complete the team discuss the results in the weekly MDT meeting which is held on a Tuesday. A treatment plan is discussed and this will be explained at your out-patient clinic appointment.

You may have already been seen in the clinic and given your results in which case Jo or Marguerite will update you after the meeting and arrange any further appointments that may be required. Subsequent discussions about your treatment will take place as required.

Your Key-Worker / Specialist Nurse

Our prime aim is to offer you and those close to you support, care, information and continuity throughout your treatment. The colorectal nurse specialists, Jo Polley and Marguerite Kelly, are also your keyworker and they will act as a link between you and other members of the MDT who are involved with your care.

What is the large bowel?

The large bowel, or colon as it is medically called, is the last part of your intestines. When you eat, food passes down your oesophagus (gullet) into your stomach and then into your intestines. The first part (small bowel) is where the nutrients are absorbed and by the time food reaches your large bowel all the goodness has been taken into your blood stream.

The waste that enters the large bowel can be as much as 1-2 pints of thick liquid. Its journey through the large bowel can take a couple of days and in this time the water is re-absorbed resulting in a formed stool. The end of the large bowel is the rectum and this is the storage part for the waste (faeces or stool). When it is full a message is sent to the brain which tells you to go to the toilet and empty your bowels which is done by relaxing the muscles and passing the stool through your anal canal and out through your anus.

There are a number of terms used by the medical staff for the bowel and if you do not understand them please ask. A common term is 'colorectal' which means anything relating to the large bowel (colon & rectum).

Extra Support

The Fountain Centre **01483 406618/19**
www.fountaincancersupport.com

This is attached to St. Luke's Cancer Centre providing therapies, counselling and advice for St. Luke's patients, their relatives and friends.

The Mulberry Centre
(West Middlesex Hospital) **0208 321 6300**
www.themulberrycentre.co.uk

This centre welcomes anyone affected by cancer and provides information, support and complimentary therapies.

Bowel Cancer UK
0800 8403540 **www.bowelcanceruk.org.uk**

Beating Bowel Cancer
08450 719301 (low cost rate) **www.beatingbowelcancer.org**

Macmillan Cancer Support
0808 8080000 **www.macmillan.org.uk**

Cancer Information Prescriptions **www.nhs.uk/ips**

Benefits Enquiry Line
0800 882200 **www.directgov.co.uk**

Risks and benefits of the operation

Benefits

The aim of an operation is to cure your cancer. This, however, cannot be guaranteed, as it will depend on the extent of the spread. If this is the situation then other treatment will be discussed with you following the results of the operation.

Risks

With any major operation there are risks which can be general or specific and it is important that you are informed of them.

General Risks are those that anyone having a general anaesthetic are exposed to. They include chest infection, heart attack, stroke and blood clots in the leg.

Specific Risks are those that are related to the operation itself and include wound infection and leakage from the bowel join inside. Should this occur an operation will be required to form a stoma (bag). If your surgery involved removing your rectum there is the potential risk of nerve damage to your sexual and urinary organs which may result in altered function. Please do not be alarmed at these risks as they happen only in the minority of cases and methods of prevention are implemented prior to your operation.

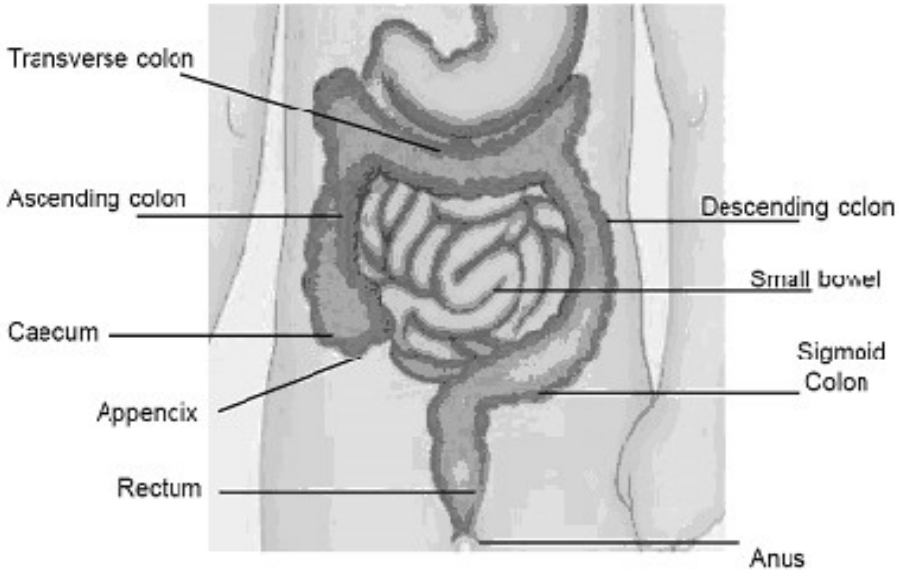
If your surgeon is concerned about your health prior to surgery this will be investigated thoroughly beforehand.

What is colorectal (bowel) cancer?

The tissues and organs of the body are made up of cells which age and become damaged, and need to repair and reproduce themselves continually. Sometime during this process, normal cells can become abnormal, and as a result of a long and complex series of changes, these abnormal cells can become cancerous.

Colorectal cancer is very common and affects men and women. There are approximately 30,000 cases diagnosed each year in the United Kingdom (UK). The cause of most colorectal cancer is still unknown, but we do know that the risk increases with age (95% of cases are found in people aged 50 or over). People with a family history have a slight increased risk of developing the disease.

Where exactly is the cancer?



What treatments are available?

There are three main types of treatment for bowel cancer – surgery, chemotherapy and radiotherapy. Depending on the stage of your cancer, you will receive one, or a combination of these treatments.

Surgery is the main form of treatment.

What operations are used to treat bowel cancer?

The location of your tumour will determine what operation your surgeon will perform. Below is a list of the common types of surgery. Your surgeon will explain which one is best suited to you and the colorectal cancer nurse will be able to discuss it further with you and your family.

Hemicolectomy

The right or left side of the colon is removed and the remaining bowel rejoined.

Anterior Resection

Part of the rectum / sigmoid is removed and the remaining bowel rejoined. This procedure may need you to have a stoma (bag) for a few months in order for the join (anastomosis) to heal. The stoma will normally be reversed.

Hartmanns Procedure

Part of the rectum is removed but for some reason the bowel can not be rejoined straight away. The surgeon will form a stoma (bag). This stoma may or may not be reversed.

discomfort or vaginal dryness may be a problem. Due to scar tissue from radiotherapy/surgery the vagina can become narrower sensations may be different. Using a lubricant such as KY jelly may be useful. If you do experience problems of this nature, please discuss it with your doctors or nurses (stoma care or colorectal nurse) as specialist help is available.

Resuming sporting activities / hobbies

This will largely depend on what the activity is as to when it is resumed. The main thing is comfort and that you don't strain the wound site. If unsure wait for your follow-up in clinic and discuss it with your doctor.

Avoid lifting heavy objects for the first 4-6 weeks and only do light housework if you get the urge!

What follow up care will you need?

Following treatment for bowel cancer it is advisable that we see you regularly for a period of 5 years. In this time you will be seen in the out-patient clinic either by the colorectal nurse specialist or by one of the doctors. Blood tests will be done at each clinic appointment. Depending on the stage of your bowel cancer and whether you required chemotherapy or not will influence the frequency of CT scans. A colonoscopy is recommended every 3 years, where appropriate.

As your bowels become less frequent and loose, gradually introduce these foods. Fizzy drinks will cause more wind so are best avoided at first.

If you have a stoma, your stoma care nurse will be able to give you specific dietary advice.

Driving

It is recommended that you notify your insurance company that you have had an operation as some companies have set guidelines as to how long you must refrain from driving, and if you contravene these it may be that, in the event of an accident, you would not be insured.

Unless their advice being specifically contrary you should wait at least 4 weeks before starting to drive again. It will depend on your ability to perform an emergency stop without it hurting, how comfortable it is to wear a seat belt and how tired you feel.

Resuming your Sexual Activities

Sexual relations can be resumed as soon as you feel comfortable, generally about 6 weeks. Feeling tired and weak after any operation or illness naturally affects you. After surgery you may need to find alternative positions as some can be a little uncomfortable.

Occasionally, at surgery or following radiotherapy to the rectum or lower colon, nerve damage can occur. In men this may result in difficulty obtaining an erection or ejaculating. In women,

Abdomino-perineal Excision of Rectum (AP RESECTION)

The rectum and anal canal are removed and a permanent stoma (bag) formed. Your bottom will be sewn up and therefore will not be used for going to the toilet any more. If you have had radiotherapy to your bowel before the operation the surgeon will use a skin flap to aid healing.

What is a stoma?

A stoma is when part of the bowel is brought out on to the surface of your abdomen. It is formed to divert the flow of waste (stool) away from the bowel join and allow it to heal. In some cases it is temporary and others it is permanent.

The name for the stoma is either an ileostomy or colostomy depending on where it is.

If you need to have a stoma you will meet the Stoma Care Specialist Nurses who, together with the ward nurses, will teach you how to care for your stoma. The Stoma Care Specialist Nurses will continue to support you once discharged. Although your bowel will be emptying into the stoma bag, it is normal to have the sensation to pass something through your bottom. The bowel still produces mucous (slime) and this will pass out in the normal manner.

What is radiotherapy?

Radiotherapy uses x-ray beams to destroy cancer cells. It is given to selected patients with rectal cancer before surgery. The treatment is individually planned and monitored for each person, to ensure that normal cells suffer little or no long term damage. Some patients may also benefit from radiotherapy after surgery. This treatment is carried out at St. Luke's Cancer Centre, Guildford.

What is chemotherapy?

This involves the use of drugs to kill off cancer cells. These are either administered into the vein or in tablet form. It is usual for a course of chemotherapy to last for 6 months. We won't know if you will benefit from additional treatment until after the operation. The piece of bowel that is removed is sent for analysis and it takes approximately 10 days for pathology results to be ready.

This will give your bowel cancer a staging group (Dukes staging) and it is this that will influence the decision regarding further treatment. Results are discussed in the MDT meeting and if it is recommended that further treatment is needed an appointment will be made for you to see the oncologist (consultant in cancer treatment) to discuss it in more detail. This will be after you have been discharged from hospital. For patients who require chemotherapy it is aimed that it starts within 6-8 weeks after the operation.

the ward can issue you one for the time spent in hospital. Your GP can then give you one for after this period.

Benefits

You may be entitled to certain benefits whether you work or not. If you are dependent on anyone else for help with your activities of daily living then you may wish to apply. To find out more please contact:

Macmillan Cancer Support 0808 8080000
www.macmillan.org.uk

Benefits Enquiry Line 0800 882200
www.directgov.co.uk

Everyone undergoing treatment for cancer, the effects of cancer or the effects of cancer treatment is entitled to **free NHS prescriptions.** You can collect an application from your GP practice.

Diet

Eat and drink what you feel like. It may be a while before you get your appetite back and instead of eating 3 meals a day it may be easier to have small and more frequent meals. Until your bowels settle down it is advisable to avoid fibre e.g. vegetables, fruit, brown bread, bran cereals etc.

Dukes Staging

The growth of the cancer is often described 'according to Dukes' staging' i.e:

Dukes A Cancer is confined to the wall of the bowel
Dukes B Cancer has spread through the wall of the bowel
Dukes C Cancer has spread to lymph nodes which have been removed.
Dukes D Cancer has spread to other sites, often the liver

Discharge Advice

You will be in hospital for about 3-5 days after the operation. Everyone's recovery occurs at a different rate and is dependent on their illness and surgery. However, when you get home it is important that you keep active and don't take to your bed. Aim to do a little walking each day and increase the amount daily. Listen to your body, it will tell you when it needs to rest.

Work

It is advised to take at least 6 weeks off work. The nature of your occupation will determine how soon you can return. If the MDT's recommendation is to have chemotherapy then you may want to wait until you have seen the oncologist before deciding when to return. People do continue to work whilst undergoing chemotherapy but you may want to wait until you have started on the treatment to see how you feel. If you need a sick certificate

What to expect before the operation

Prior to the operation you will attend the pre-assessment clinic to assess your fitness. This is a nurse-led clinic and they will arrange routine tests such as blood tests, ECG (heart tracing), chest x-ray. If you have any medical condition that is of concern then you will also be seen by a junior doctor. Occasionally it may be required that you are also seen by the anaesthetist. You may also under go CPEX testing which is an exercise tolerance test that the anaesthetists use to assess the risks of surgery.

Specific instructions will be given to you at this clinic regarding bowel preparation before your operation and an enhanced recovery programme used during your admission. This optimises your nutrition, mobility and pain relief after your operation.

If your operation requires you to have a stoma (bag) you will be contacted by the Stoma care department to arrange an appointment for one of the stoma care nurses to see you before you come into hospital.

Patients are admitted to the Admissions Lounge on the day of their operation and go to theatre from there. After you have had your operation you will be transferred to the Recovery room where you will stay for at least 2 hours and from there you will go to the Surgical High Dependency Unit (HDU) where you will stay until you are well enough to be transferred to the surgical wards.

What to expect after the operation

The standard way of removing the section of bowel is through keyhole (laparoscopic) surgery which is performed through the front of the tummy and will leave you with 4-6 small cuts. One will be slightly larger in order to remove the tumour.

A keyhole approach is not always possible, in which case the surgeon will make a cut down the front of your tummy.

You will have a dressing over the cuts, a drip in your arm and a catheter to drain your bladder. The drip keeps your fluid levels up and gives you some energy. In addition to this, some patients need to have a drip inserted into a vein in their neck.

If you have had an AP excision, your bottom will have stitches in it, also a drain. There may be some drainage from these stitches but you will wear a pad to protect your underwear. The drain will be removed when the amount of fluid draining is reduced. It may be uncomfortable for you to sit but there are special cushions that can be used. It is not advisable to sit for prolonged periods as this may affect the healing process. If you have had a course of radiotherapy your wound may take longer to heal.

We use the Enhanced Recovery Programme to optimise your nutrition, mobility and pain relief around the time of your operation. You will receive an information booklet (How to Recover Quickly from Major Colorectal Surgery) at the pre assessment clinic appointment which will explain this in more detail.

Sometimes the bowel can be temperamental after bowel surgery and cause your tummy to become bloated and you to be sick. If this does happen you will be advised not to have anything by mouth. A nasogastric tube (NG tube) will be inserted via your nose into your stomach to help alleviate the sickness. When the sickness settles the doctors will tell you when to start drinking and eating.

When will your bowels start to work again?

This will depend on the surgery that you have had. If you have had an ileostomy formed your bowel will usually work within 2-3 days. If you have had a colostomy or no stoma then they may take 4-5 days or even longer. This is only a rough guide as everyone's bowels work differently.

When your bowels do start working they may be loose and frequent. You may experience a lot of wind and griping tummy pains. This is the bowel waking up and it is normal after bowel surgery. They will gradually settle down but if you are concerned discuss it with your doctor, stoma care nurse or colorectal nurse.

When will you know the results of the operation?

The part of the bowel which was removed at the operation goes to the laboratory to be examined under the microscope. These tests, which can take up to 10 days to be completed, tell the doctors the extent of your cancer and will determine if further treatment is needed. They will be reviewed at the MDT meeting. Jo/ Marguerite will discuss this in more detail with you.