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

We can provide interpreters for a variety of languages, information in larger print or other formats (e.g. audio) - please call us on 01932 723553.

You can use Text Relay to turn telephone communications into text.
Use the Relay UK app on your phone, tablet or PC.
You can also use Relay UK via Minicom or Uniphone.

اگر نیاز به ترجمه دارید، لطفا با شماره 01932 723553 تماس بگیرید.

ਜੇ ਤੁਹਾਨੂੰ ਤਰਜਮੇ ਦੀ ਲੋੜ ਹੈ ਤਾਂ ਕਿਰਪਾ ਕਰਕੇ ਇਸ ਨੰਬਰ ਤੇ ਫੋਨ ਕਰੋ: 01932 723553

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

Se precisa de uma tradução por favor contacte: 01932 723553

আপনার অনুবাদের দরকার হলে এখানে যোগাযোগ করুন : 01932 723553

यदि आपको अनुवाद की ज़रूरत है तो कृपया इस नंबर पर फोन करें: 01932 723553

Jeżeli chcemy, aby te informacje w innym języku, proszę zadzwonić 01932 723553

Ashford Hospital
London Road
Ashford, Middlesex
TW15 3AA
Tel: **01784 884488**

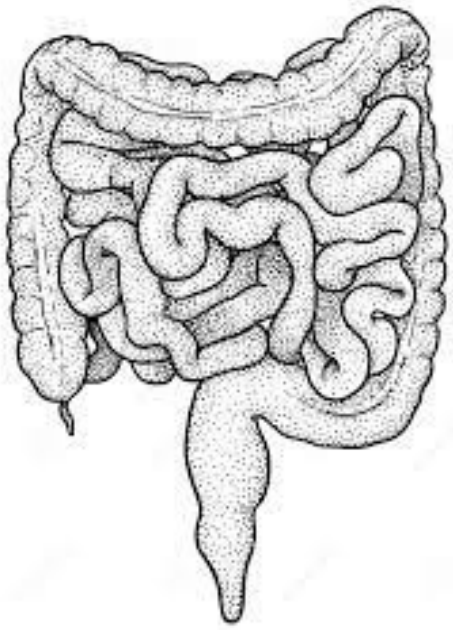
St. Peter's Hospital
Guildford Road
Chertsey, Surrey
KT16 0PZ.
Tel: **01932 872000**

Website: **www.ashfordstpeters.nhs.uk**

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

Left Hemicolectomy

Colorectal 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 Experience Team on 01932 723553 or email asp-tr.patient.advice@nhs.net. If you remain concerned, the team can also advise upon how to make a formal complaint.

Author: Vanessa Machado **Department:** Colorectal Surgery
Version: 2 **Published:** January 2026 **Review:** January 2028

Table of contents

BEFORE YOUR SURGERY……4
SURGERY……5
Risks and Complications ……5
DIFFERENT TYPES OF STOMAS……..6
Ileostomies.……6
Colostomies.……..7
Risks and Complications.……8
POST-OPERATIVE ……...9
WHEN WILL I GO HOME? ……...9
Notes……...10
Useful Contact Numbers ……13

BEFORE YOUR SURGERY

Before we book you for surgery, you will see one of our bowel surgeons at a face-to-face appointment and you will have the surgery and associated risks explained.

Don't worry if you can't think about all the questions at that time as you will see one of our Specialist Nurses and you will be able to speak with a doctor again if you need to.

You will have a few more appointments after this one before we can declare you fit for surgery.

You will have a general assessment done by our Pre-Operative Nurses. You will have bloods taken, vital signs (blood pressure, temperature, heart rate, oxygen, height and weight and an ECG) checked and your medical and social history will be formally documented.

At this stage you will be given strong laxatives to clear your bowels (unless if your consultant and/or the team advise otherwise), antibiotics to take on the day before your surgery (to help preventing wound infection), Preload® (carbohydrate drinks) and if you are not diabetic, we will also give you some high energy drinks called Fortisip®.

If you have pre-existing medical conditions which may make you at higher risk for surgery, we may recommend a pre-habilitation program to help reducing this risk.

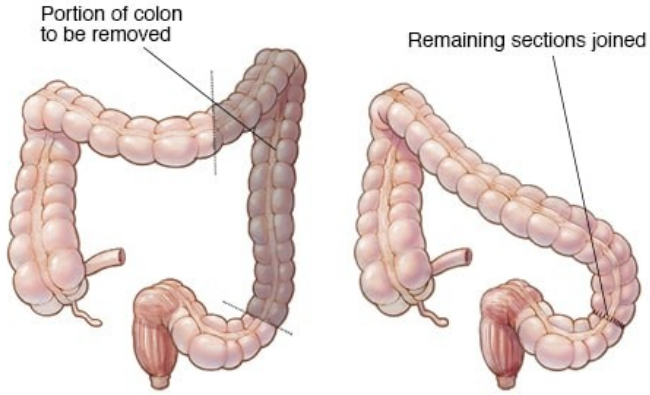
Contacts

Advanced Colorectal Nurse Practitioners / Enhanced Recovery Nurses	07790894612
Robin Ward (St. Peter's Hospital)	01932 723941
Colorectal Booking Coordinator	01932 722267
Falcon Ward	01932 722287
Kingfisher Ward	01932 722380
Colorectal Macmillan Cancer Navigator	01932 726856
Preoperative Assessment Nurses	01784 882080 01784 884007
Stoma Care Specialist Nurses	01932 722636

You may also be advised to see one of our anesthetists pre-operatively and have further tests done.

SURGERY

Having a left hemicolectomy means that the left part of your bowel is removed. Usually, the two ends of your colon are re-joined. Occasionally, this join needs to be protected and the surgeon may have to create a temporary stoma (ileostomy).



Risks and Complications Associated with this type of surgery

Bleeding, infection, wound problems, DVT (clot in leg), lung problems (e.g. clot in lung, infection), cardiac problems (e.g. heart attack), stroke, chest infection / complications, kidney problems (e.g. kidney failure), anastomotic leak (2-5%), recurrence of disease, damage to other organs / structures (e.g. ureter, spleen, bowel, blood vessels), ischaemic bowel, conversion to open

procedure (if you are having keyhole surgery), need for blood transfusion, sexual / bladder dysfunction, Incisional hernia, complications associated with stoma, need for further procedures, sepsis, risk of acquiring COVID-19, risk of life (mortality).

DIFFERENT TYPES OF STOMAS

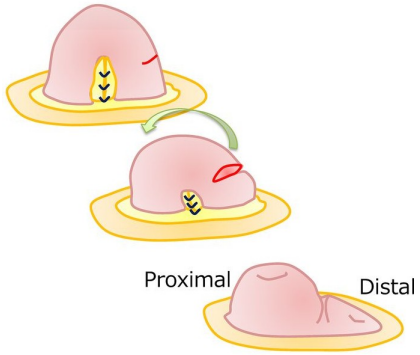
Before your operation you may have an appointment with our Stoma Care Team. They will explain the different stomas and materials to you in more detail, and they will draw an X on your abdomen to mark a site where the possible stoma will be brought to surface.

Ileostomy

In an ileostomy, part of your small bowel is brought to the surface, typically on the right-hand side of your abdomen. Stools in this part of the intestine are generally fluid.

- **Loop ileostomy**

In this type of stoma, a loop of the small bowel is brough to the surface. A loop stoma will have two openings and bowel content will come out of the upstream opening. This is typically a temporary measure to protect a surgical join in the bowel.

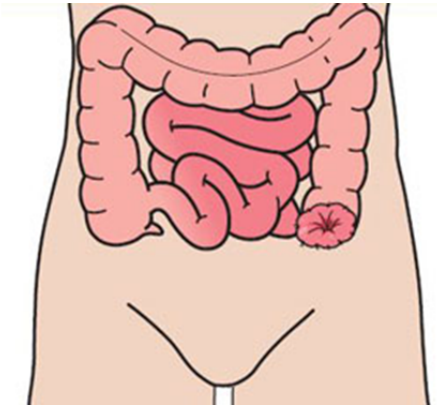


Further Notes:

If you have any questions, please make note of them below and bring this booklet to your next appointment:

Colostomy

A colostomy is usually sited on the left-hand side of your abdomen. Stools in this type of stoma are expected to be solid.



There are two main types of colostomies:

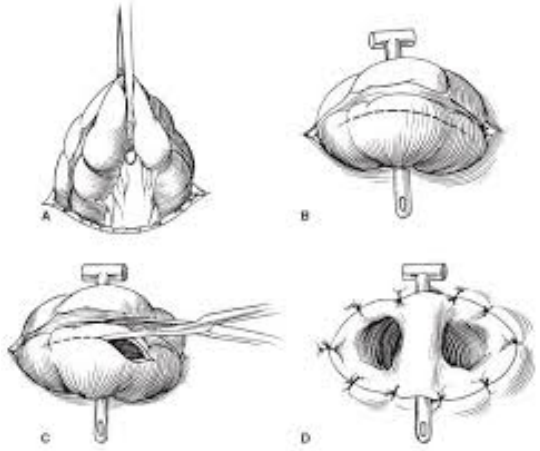
- **End Colostomy**

Part of your large bowel is removed, and the end part of your bowel is brought to the surface of your abdomen. This type of stoma can be temporary (parts of your bowel need to rest before being joined together) or permanent (when it is too risky or not possible to re-join the two parts of the intestine).

- **Loop Colostomy**

In this type of stoma, your bowel is brought to the surface of your abdomen and held in place by a stoma rod (Our Stoma Care Nurses and Doctors will let you know when this will be removed).

A loop stoma will have two openings and bowel content will come out of the upstream opening. This is typically a temporary measure to protect a surgical join in the bowel.



If you have a stoma, you will be followed on the ward and at home by our Stoma Care Nurses.

Risks and Complications associated with formation of stoma:

Bleeding, infection, high output stoma, parastomal hernia, stoma prolapse, skin excoriation, stoma retraction, stenosis, necrosis / ischaemia (lack of blood supply), kidney problems (e.g. kidney failure), electrolyte imbalances needing infusions, need for further surgery on the stoma due to complications.

Post-operative

After your surgery, you will see our team and our Enhanced Recovery Pathway Nurse every morning. Every day the team develops a plan / goals for your day and we will work with you to help you recover as quickly and safe as possible.

When will I go home?

You will go home once you are hemodynamically stable (your blood pressure, heart rate, temperature and bloods are within normal values); you are able to mobilize safely; your pain is controlled; and you are eating and drinking adequately. If you have a stoma, it needs to be active, and you or your carer need to be able to look after it independently.

Virtual Ward Enrolment

You may be enrolled in our Virtual Ward when you are discharged from hospital. This means you would go home the day after your surgery with a monitoring kit to check your observations, along with a detailed follow-up plan.

If this is suitable for you, a member of the team will discuss it with you in more detail.