

What You Should Know About Bowel Surgery

The Gastrointestinal Tract



WHY DO I NEED SURGERY?

- Colorectal Cancer
- Large or Multiple Polyps
- Severe Crohn's
- Rectal Prolapse
- Diverticular Disease
- Ulcerative Colitis
- Closure of an Ostomy
- Volvulus

A GENERAL OUTLINE OF WHAT TO EXPECT.

- Most patients will be in the hospital 3 or 4 days.
- You will be admitted the day of your surgery.
- Pain is controlled with either an epidural spinal block or intravenous (IV) pain medication.
- When you return home, you will be able to shower, walk, eat, and climb stairs. Eat a regular diet, and climb stairs.
- Someone should stay at home with you the first several days after discharge.
- When the final pathology report is available, we will know if further treatment is needed.

WHAT IS AN OSTOMY?

An ostomy is when one end of the bowel is brought out through the abdominal wall, allowing stool to empty into an appliance (a bag). An ostomy is necessary if:

- we need to remove the entire rectum in order to cure the cancer/disease.
- protection is required to allow a difficult anastomosis to heal.
- the anastomosis fails to seal, resulting in leakage and a life-threatening infection.

HOW SERIOUS IS BOWEL SURGERY?

Bowel Surgery is considered major surgery. It is not performed without a sound reason. Board-certified Colorectal Surgeons, with specialty training and expertise in bowel surgery offer you the best chance for a smooth recovery and a good outcome. You can help by carefully following all pre-operative instructions.

Modern technology has greatly decreased the risks of this operation. However, despite every best effort, complications can occur. These complications include, but are not limited to:

(1) General complications:

There are 'general' risks associated with any major operation. They can be life-threatening and include: **infection, bleeding, blood clots, stroke, pneumonia, and/or heart problems.** Providence Hospital has on staff, board certified specialists in all major fields of Medicine. They can be called upon to assist in your care if needed.

(2) Complications specific to Bowel Surgery:

Infection: If post-operative infection develops, it may be necessary to re-operate and create an ostomy.

Hernia: An infection or a weakness in the wound can lead to a hernia, requiring further surgery to repair.

Injury to the Spleen: When the attachments between the spleen and bowel are difficult to release the spleen can be injured. Occasionally the spleen must be removed.

Bowel Obstruction: Adhesions (scar tissue) formed after the surgery can trap a piece of bowel causing a blockage.

(3) Complications specific to Rectal Surgery:

The nerves that help control functions of the penis and bladder are located in tissues surrounding the rectum. In order to cure the disease, these tissues are often removed.

Difficulty with Urination: Bladder function usually takes several days to return to normal, requiring a post-operative catheter to drain the urine. Rarely, this difficulty can become permanent.

Impotence: Penile erection disorder is more common. For some, function improves as surrounding tissues heal. For others it is permanent. There are several treatment options that can be offered to treat impotence.

Return for exam in ____ weeks

Re-evaluation

Colonoscopy

Flexible Sigmoidoscopy

Follow-up only if symptoms persist

This fact sheet is for use by physicians only and is not intended to be a substitute for professional medical advice, diagnosis or treatment. All specific medical questions or concerns should be presented to your own healthcare provider.