

Colectomy

How to prepare and what to expect

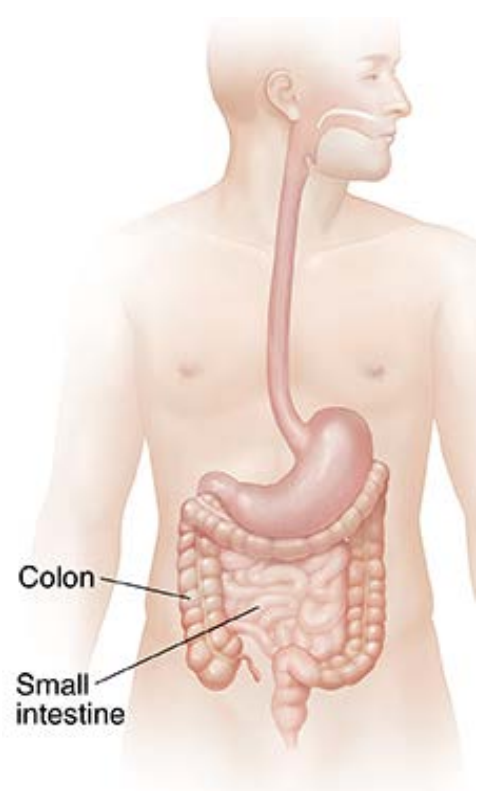
This handout explains a colectomy, surgery to remove part of a large intestine. It includes how to prepare for surgery, what to expect afterward, recovering in your hospital room, and precautions and self-care at home.

What is a colectomy?

A *colectomy* is surgery to remove part of a large intestine (colon) that is damaged or diseased. There are 2 ways to do this surgery:

- In **laparoscopic surgery**, several small incisions are made in your abdomen. Your abdomen is then filled with gas. This lifts your skin away from the organs so your doctor can see them clearly. Your doctor then uses a camera and long, narrow instruments to do the *resection* (removing and reconnecting).
- In **open surgery**, an incision is made from your belly button down. This is called a *midline incision*. Your doctor does the resection through this incision.

Your doctor will talk with you about which type of surgery is best for you.



A colectomy removes damaged or diseased parts of the colon.

How to Prepare

- **Aspirin and other medicines:** For 1 week before your surgery, do **not** take aspirin or any other products that affect blood clotting. Two of these are ibuprofen (Advil, Motrin) and naproxen (Aleve, Naprosyn). See attached sheet for more information.
- **Shaving:** Do **not** shave any part of your body that you do not already shave every day. If you normally shave near your surgical site, do **not** shave that area for 2 days (48 hours) before your surgery.

- **Hospital stay:** You will stay in the hospital for 5 to 7 days after your surgery.
- **Help at home:** Plan ahead for a responsible adult to help you when you go home. Someone will need to help you prepare food and do household chores for 1 to 2 weeks.
- **Coughing and deep breathing:** Your nurse will teach you coughing and deep-breathing exercises. These are important to do after surgery to help prevent *pneumonia* (lung infection).
- **Lovenox for cancer patients:** Lovenox is a long-acting drug that thins your blood and prevents clots from forming in your legs. Your nurse will teach you or a family member how to give yourself Lovenox shots. After your surgery, you will get 1 shot every day for 28 days.

Day Before Surgery

- **Bowel preparation:** You may need to do a *bowel prep* before your surgery. Follow the written instructions your nurse gave you.
- **Shower:** Take a shower the night before your surgery:
 - Use the antibacterial soap your nurse gave you to wash your body.
 - Do **not** use the antibacterial soap on your face and hair. (See directions that came with the soap.) Use your own soap and shampoo on your face and hair.
 - Use clean towels to dry off, and put on clean clothes.
- **Arrival time:** A scheduler from the operating room (OR) will call you by 5 p.m. the night before your surgery. If you are having surgery on a Monday, the OR scheduler will call you the Friday before.

The OR scheduler will tell you what time to arrive at the hospital on surgery day. If you do not receive this call by 5 p.m., please call 206.598.6541.

Surgery Day

Before You Leave Home

- **Eating and drinking:** Follow the instructions the nurse gave you about when to stop eating and drinking.
- **Shower:** Take another shower with the antibacterial soap. Follow the same steps as you did the night before.
- **Medicines:** Follow the instructions the nurse gave you about which medicines to take or not take. Remember to sip **only** enough water to swallow your pills.

At the Hospital

- **Heating blanket:** We will cover you with a heating blanket while you wait to go into the OR. This will warm your body and lower your risk of infection. Ask for a heating blanket if you do not receive one.

After Surgery

You will wake up in the recovery room. You will feel sleepy. You will have:

- An **intravenous (IV) tube** in a vein in your arm. This will be used to give you medicine for pain and nausea.
- A **nasogastric (NG) tube** inserted through your nose and into your stomach. This tube will drain air and fluid out of your stomach until your body can digest again.
- **Sequential compression devices (SCDs)** on your legs. These leg wraps inflate from time to time to help with blood flow. They help keep blood clots from forming while you are in bed.

You may also have:

- An **epidural catheter** in your back to give you pain medicine. Your anesthesiologist will decide if this will help you.
- A **catheter tube** inserted into your bladder to drain your urine.

Incision Care

- If you had:
 - **Laparoscopic surgery**, your incisions will be closed with stitches under your skin. These stitches will dissolve on their own.
 - **Open surgery**, your midline incision will be closed with surgical staples. These will be removed in 10 to 14 days.
- Not putting stress on your abdomen will improve healing. For 4 weeks after surgery, do **not** lift anything that weighs more than 10 pounds. (A gallon of water weighs almost 9 pounds.)
- As you heal, there will be a thick healing ridge along your incision. It will take several months for this to soften and flatten out.
- When you go home, you will need to check your incision every day. Call your doctor if you have any of the signs of infection listed on the last page of this handout.

Pain Control

You will probably have *patient-controlled analgesia* (PCA) for 1 to 4 days after your surgery. PCA is a pump that allows you to get pain medicine when you need it. The anesthesiologist may also talk with you about having an epidural catheter to control pain after your surgery.

When you go home, use the pain medicine your doctor prescribed for you. It is important to take it before your pain is severe.

Nutrition

After your surgery, you will not be allowed to eat anything by mouth for the rest of the day. We will give you fluids through your IV to keep you from getting dehydrated.

As your intestines recover from your surgery, you will pass gas. After this happens, you will be able to drink clear liquids. When you can drink clear liquids and not feel nausea, your doctor will add regular foods back into your diet.

Activity

Every day, you will become more active. Moving around is very important. It helps prevent pneumonia in your lungs and blood clots in your legs.

Your nurse will help you sit on the edge of your bed on the day of your surgery. The next day, you will get up and sit in a chair. You will also start to walk in your room. You will walk in the hall 2 days after your surgery. As your strength returns, we will encourage you to do more.

Breathing Exercises

To reduce your risk of having lung problems, your nurse will:

- Help you do coughing and deep breathing exercises
- Remind you to use your incentive spirometer every hour that you are awake

Lovenox for Cancer Patients

If your surgery was done to treat cancer, your nurse will give you a Lovenox shot every day while you are in the hospital. After you go home, you will give yourself these shots. Your nurse will remind you how to do this before you leave the hospital.

Bowel Movements

It will be several days after surgery before you have your first bowel movement. Loose stools are normal at first. After you go home, your bowels may still be irregular for a while.

Avoid getting constipated. Please read the handout “Constipation After Your Operation.”

Call your nurse if you have:

- Diarrhea that does not go away in 2 or 3 days
- Nausea or vomiting

Bladder Catheter

You may have a catheter in your bladder for 3 to 5 days after surgery. It will be removed when you can get up and use the bathroom.

Self-care at Home

Bathing

- You may shower every day.
- Do **not** take a bath, sit in a hot tub, or swim until your incisions are healed. This will take about 4 weeks.

Lovenox Shots

If you were given Lovenox shots while you were in the hospital, keep giving yourself shots at home for 28 days after your surgery.

Exercise

- Walking every day will help speed your recovery. Slowly increase how far you walk.
- Do **not** lift anything that weighs more than 10 pounds for 4 weeks after your surgery. (A gallon of water weighs almost 9 pounds.)
- For 3 weeks, avoid doing any activity that puts stress on your abdominal muscles or makes your heart beat faster. This includes gardening, vacuuming, and other household chores.
- You may resume sexual activity when you are comfortable with it. If you have any questions, talk with your doctor or nurse.

Return to Work

How much time you take off work depends on what you do for a living. Most people take 2 weeks to 1 month off to recover after this surgery.

Return to work when you feel ready. Some patients choose to start back part-time and work shorter days, then work more as their energy allows.

First Follow-up Visit

At your first clinic visit after surgery, your nurse and doctor will talk with you about how you are doing at home. They will:

- Ask how your appetite is and how your bowels are working
- Weigh you and check your incision
- Remove the surgical staples, if they are still in place
- Ask about your pain and what pain medicine you are taking
- Ask what activities you are doing and when you plan to return to work
- Review your pathology report

When to Call

Call the Nurse Advice Line or your doctor if you have:

- Bleeding or drainage that soaks your dressing
- A fever higher than 100.5°F (38°C)
- Shaking and chills
- Any sign of infection in your incision:
 - Redness
 - Increasing pain
 - Swelling
 - Drainage that smells bad
 - A change in the type or amount of drainage
- Nausea, vomiting, or both
- Concerns that cannot wait until your follow-up visit

Questions?

University of Washington Medical Center Surgical Specialties Center

Weekdays from 8 a.m. to 4 p.m.,
call the Surgical Specialties
Nurse Advice Line at
206.598.4477.

After hours and on weekends
and holidays, call 206.598.6190
and ask to page the resident on
call for Surgery.

Or, ask to page your surgeon:

Dr. _____

**Seattle Cancer Care Alliance
Surgical Oncology Clinic**
206.606.7555, weekdays from
8 a.m. to 5 p.m.