

Your Bowel Operation Right Hemicolectomy

**Doncaster and Bassetlaw
Teaching Hospitals**
NHS Foundation Trust

Introduction

This booklet aims to help you to understand your condition and the operation you will have, and contains some of the questions you may want to ask about your operation and the care you will receive. The nurses and doctors looking after you will use diagrams to help explain.

If you have any questions or would like them to go over any information again, please ask and they will be happy to do so.

Several other booklets are also available and the Nurse Specialists will supply these if you wish - please don't be afraid to ask. The Colorectal Nurse Specialists can be contacted on direct line: 01302 644365 (your call may be answered by an answer phone - leave your name and phone number).

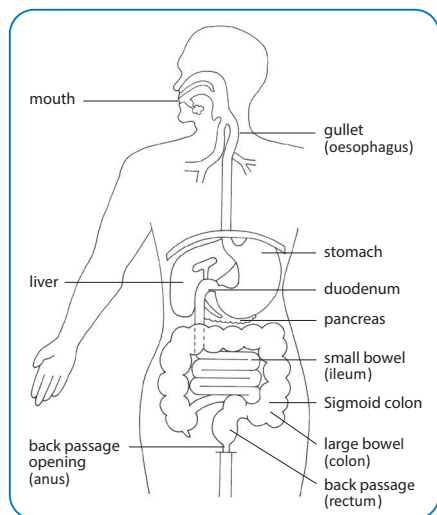
Understanding digestion

To understand the operation you will be having it is helpful to have some knowledge of how your body works. When food is eaten it passes from the mouth down the gullet (oesophagus) into the stomach where it is broken down into a semi-liquid.

This then continues through the small bowel, which is a coiled tube many feet long where digestion of nutrients takes place and where most of these nutrients are absorbed into the body.

Following this the waste products (faeces) pass through the large bowel (colon) into the back passage (rectum) and to the back passage opening (anus), for passing out of the body when we go to the toilet.

The normal bowel

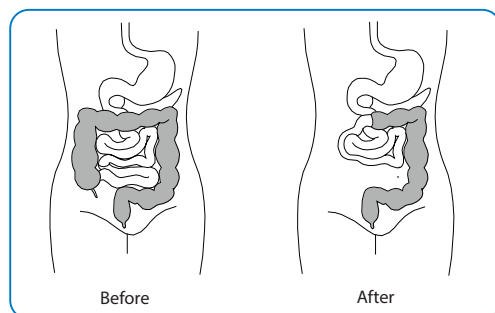


Why is the operation necessary?

You have been diagnosed as having a cancer in the right-hand side of your large bowel (colon).

The usual treatment is surgery to remove the piece of bowel involved and join the two ends together.

The join is called an 'anastomosis'.



What is bowel cancer?

Bowel cancer is a disease of the large bowel where malignant cells grow and multiply, forming a growth or tumour which is called a cancer. Bowel cancer is one of the most common cancers in the UK and is usually treated by having an operation to remove it.

What causes bowel cancer?

At present the cause is unknown, although some families do seem to be more at risk of developing the disease.

Will the operation cure my cancer?

Bowel cancer can be cured if it is found at an early stage. The stage that the disease has reached is determined by sending the piece of bowel removed at the operation to the laboratory for histology (examination under a microscope).

Once the results of these tests are available (and those of any other investigations such as scans or X-rays), the results will be discussed by a team of experts (the multi-disciplinary team) including a Cancer Specialist

(Oncologist). Histology results are usually available within 2-3 weeks of the operation and any decision made on further treatment will be discussed with you.

What further treatment may be offered?

There are many different forms of treatment for cancer. The MDT will decide whether further treatment is necessary and you will be advised regarding this. The Oncologist may decide to treat you with drugs (chemotherapy). For many patients, the surgery will be the only treatment they need.

Are there any risks involved in having bowel surgery?

Most people get through their operation with no problems. However, it is important to realise that sometimes there can be difficulties.

Sometimes there are problems with the healing of the new join in the bowel.

Some patients maybe able to have their bowel operation laparoscopically (keyhole surgery). The surgeon and colorectal nurse will discuss this with you. If you have the operation by keyhole, you will have a number of very small wounds across your abdomen (tummy) rather than one long wound. However, many patients have a small incision as well.

Sometimes the operation may begin laparoscopically but may have to be changed to an open procedure (when the abdomen is cut open) due to technical reasons.

Risks can include infection, which may affect the chest, 'water-works' (urinary tract), or the wound which is down the centre of your tummy (abdomen) in this operation.

Following the operation there is a risk that men may experience difficulties in achieving an erection. Women may find that after the operation there may be some discomfort during sex.

There is a small risk in both men and women that the operation may cause problems with passing water (urine). These problems are often temporary and may improve with time.

With any big operation like Right Hemicolectomy, there is a small risk of serious complications such as heart attack, blood clot, heavy bleeding (haemorrhage) or, extremely rarely, there is a risk of not surviving due to problems related to the operation. Although these risks are very small it is important that you are aware of them so that you have all the information you need before agreeing to have an operation.

There are other long-term complications that may arise following bowel surgery. Firstly, weakness along the scar can develop, resulting in hernia. There is also a risk following abdominal surgery of developing adhesions (this is scarring on the inside, causing tissue to adhere to itself).

This can be a long-term complication, and can sometimes result in a further admission to hospital and occasionally may require a further operation.

If you would like to talk about any of these problems in more detail, please contact the Specialist Nurse or your surgeon, who will be happy to discuss your worries with you.

What happens before the operation?

Before your operation it is important that you are as healthy as possible. You will be asked to come to a pre-admission clinic at the hospital, so that we can carry out tests to establish whether or not you have any problems such as high blood pressure or anaemia that might affect your operation.

You will have the opportunity to talk to the nurses and doctors, who will explain the operation to you. This is your chance to ask any questions you may have. Once you are sure about what is going to happen you will be asked to sign a consent form giving written permission to do the operation.

You are likely to meet other health professionals at some stage before your operation, including the anaesthetist and the physiotherapist. Depending on the hospital at which you are being treated, you may be asked if medical students can be involved in your care. You do not have to agree to this.

What happens immediately after the operation?

Some patients will need a drain, a catheter or a intravenous infusion. As you begin to recover these will be removed.

What effects will the operation have?

Removing part of the colon need not impair good health. In the long term, however, you may experience more frequent bowel actions with loose motions. This is more common in the early period following the operation, and usually improves with time.

Will I be able to eat normally afterwards?

Yes: because the large bowel deals mainly with waste, you will be eating normally by the time you go home from hospital, although it may be a while before your appetite returns to normal. Everyone is affected in different ways by certain foods and your bowel may react differently to some foods after your operation.

How will I feel when I get home?

You are likely to feel tired and need to rest for part of the day, but this should improve with time. Take things gently at first, but gradually increase the amount of activity you do - try to achieve plenty of rest, gentle exercise and a well balanced diet.

Resuming normal activities

People differ, and each person will return to normal activities at their own pace. If you have any questions about this please talk to your Specialist Nurse.

Will I have to come back to hospital?

Yes: an outpatient appointment will be made for you so that we can keep a check on you for some time after you have left hospital. How often you come back for a check-up is based on your individual needs and treatment plan.

You may see either a Doctor or most likely a Specialist Nurse, for your follow up. Sometimes you will have tests like scans or blood tests.

If you have been referred for other treatment such as chemotherapy, this may be done at your own hospital or at Weston Park Hospital in Sheffield. Radiotherapy treatment is always given at Weston Park Hospital.

We may ask you to take part in research

It is important to find out how well treatments and care work, so we may ask you to take part in a research trial. You do not have to agree to this, and if you do not want to be involved, your decision will not affect your care. If you do agree, please remember that you can change your mind at any time during the trial.

Financial Issues

If you have financial concerns, speak with your specialist nurse who can advise you who to speak to about this.

Important contacts - The Multi-disciplinary Team

The multi-disciplinary team meets regularly to discuss individual cases like yours. The team ensures that the best treatment is given at the right time. We have made a note below of the main people involved in your care.

Consultant Surgeon:.....

Oncologist:.....

Colorectal Nurses:.....

For further information or support, contact:

- Macmillan Support Service, Bassetlaw Hospital, Tel: Worksop (01929) 500990 ext 2981, or Doncaster Royal Infirmary, Doncaster (01302) 366666 ext 3142
- Cancerlink provides information and emotional support for individuals and self-help groups, Tel: Freephone 0800 132 905. Asian Helpline, Tel: Freephone 0800 590 415



- BACUP, 3 Bath Place, Rivington Street, London EC2A 3JR, is a national charity providing information and counselling for people with cancer, and their families and friends. The lines are staffed by specialist nurses, Tel: 0808 800 1234. The lines are open from Monday to Thursday, 10.00 am to 7.00 pm, and on Friday from 10.00 am to 5.30 pm.
- Colon Cancer Concern, 4 Rickett Street, London SW6 1RU. Helpline Tel: 020 73814711

Patient Advice & Liaison Service (PALS)

The team are available to help with any concerns, complaints or questions you may have about your experience at the Trust. Their office is in the Main Foyer (Gate 4) of Doncaster Royal Infirmary. Contact can be made either in person, by telephone or email.

The contact details are:

Telephone: 01302 642764 or 0800 028 8059

Email: dbth.pals.dbh@nhs.net