

## Diet

Normally, you can eat as normal after your surgery although it's best to avoid any foods that you know have caused you problems in the past. (Spicy food or food with large amounts of fibre can cause some cramps). Sometimes, solid foods can upset you by causing wind or pain, if this happens dietary supplements or drinks (which you can get from your GP) can help.

## Wound Care

After your operation, the cut (or 'incision') will be stitched back together by your surgeon. There are different ways of stitching the incision: Depending on the type of cotton used, the stitches (often called sutures) will gradually dissolve in your body and disappear. Sometimes you might see some loose cotton hanging from your wound. You can cut this off using clean scissors.

If the cotton used is not the kind that dissolves or metal clips are used then they will need to be removed after 10 days by your GP if you can travel, or District Nurse if not.

If Steri-strips (small pieces of sticky tape) have been used to hold your incision together, they begin to lift-off themselves as the wound heals. After about 10 days, they can be gently peeled-off.

## Medication

**Pain** – You may feel some pain after your operation but normally it's not serious and painkillers containing Paracetamol or Ibuprofen are usually sufficient to stop any pain you have.

**Constipation** – Having surgery and some medicines can cause you to be constipated. It should not last long and return to normal after one-two weeks but, if not, laxatives (medicines that help you go to the toilet more often) can help.

## When to contact your surgeon

If any of the following occur, contact your surgeon right away:

- If you are always feeling sick (nausea) or being sick (vomiting)
- If you are losing blood from your bottom
- If your body temperature higher than 101.5F or 37.5C
- If you have any pus coming out of your wound or any increase in redness around the wound
- If you have an increase in pain
- If you have diarrhoea that does not go away

It is recommended that you telephone the Consultants secretary during the week or the hospital ward at weekends to make contact with the professional team.



## Glossary of terms

**Anastomosis** – a connection made between adjacent parts of the intestine.

**Colectomy** – surgical removal of all or part of the colon.

**Colon** – the main part of the large intestine.

**Colonoscopy** – a procedure where a flexible fibre-optic instrument is inserted through the anus to examine the colon.

**Crohn's disease** – chronic inflammatory disease of the intestine.

**Diverticulitis** – inflammation of a diverticulum, especially in the large bowel.

**Diverticulum** – an abnormal sac or pouch formed at a weak point in the bowel.

**Hernia** – a condition in which part of an organ is displaced and protrudes through the wall of the cavity containing it.

**Laparoscope** – a fibre optic instrument which is inserted through the abdominal wall.

**Stoma** – an artificial opening made in to a hollow organ.

**Adhesions** – these are formed after an operation when the loops of bowel become stuck to each other. They can result in abdominal pain or bowel obstruction.

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### For further information go to:

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# Patient Information Leaflet Keyhole or Laparoscopic Surgery of the Colon

Glossary of Terms  
Overleaf

**NHS**  
National Cancer Action Team  
Part of the National Cancer Programme

Copies of this leaflet are available to download at:

[www.lapco.nhs.uk](http://www.lapco.nhs.uk)

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## What is keyhole surgery?

Keyhole surgery (also called Laparoscopic surgery) is carried out through a small cut (or incision) in your skin rather than a large opening to your body. Many kinds of problems can be treated by keyhole surgery and because the wound is small, it means you get better quicker (so you can leave hospital earlier), leaves a smaller scar and causes less pain.

Keyhole surgery can be used to treat a number of bowel problems such as cancer, large polyps, diverticulitis, inflammatory diseases such as Crohn's disease or ulcerative colitis.

## What are the advantages of keyhole surgery?

Taking out part of your bowel is a big operation. All bowel operations used to be carried out by making a large opening or cut (or incision) to your tummy. It meant a much longer time was needed for the wound to heal and for you to feel well again.

Keyhole surgery is different and although it takes longer to do, your surgeon is able to perform the same task but through a number of small cuts to your body.

It means:

- You get well quicker and have a shortened hospital stay (in some cases as little as two days)
- Experience less pain from your wound
- Get back to your normal activity quicker
- Have smaller scars
- Have a reduced risk of developing other problems (including hernias and adhesions).

## How long does a keyhole operation take?

The operation and checking that everything is ok may take between 1.5 to 6 hours.

## What happens before the operation?

To make sure everything runs smoothly, it's important for you to get ready for your operation. You will receive instructions before your operation date about what you need to do. This will tell you about what you must eat and drink before your operation. It's important to follow these instructions otherwise your operation may be delayed or even cancelled. If you have any questions, you can contact your hospital nurse who will be able to explain and answer any queries you may have.

At the hospital, your surgeon will describe what your operation involves and, like all hospital treatments, you will need to agree (or consent) to the operation. Remember you can always ask questions if you are unsure about anything you hear or read.

Your anaesthetist (this is the doctor who will give you an anaesthetic or medicine that will keep you asleep during your operation) will also talk to you and describe what your anaesthetic will involve. You will be asked if you have any medical problems, such as allergies. It is important that you let your anaesthetist know.

You may be given an enema or other treatment to clear your bowel and have an injection into the skin of your tummy to 'thin' your blood and reduce the risk of blood clots happening. These injections will continue every day while you are in hospital.

The nurse will tell you when to stop eating and drinking as this will depend on the time your operation is planned. Generally if you are having the operation early in the morning you can eat and drink before up to about 6pm, if you are having your operation in the afternoon you can eat and drink until 8am. On the day of your operation, you may be given high carbohydrate drinks. This is because your body needs energy in order to help recover from the operation.

## What does the operation involve?

Because your bowel and other parts of your body are tightly packed under your skin, there is not much room for your surgeon to work inside. To create some space for your surgeon to work, a small amount of air is used to inflate your tummy.

Your surgeon works through small cuts made in your skin and uses a laparoscope, with its own camera, to carry out the operation. After the diseased part of the bowel has been cut away, the two ends of the bowel are joined back together. This is called anastomosis. Sometimes if your surgeon is worried about the join healing, it might be necessary to divert the waste from your bowel through a small hole in your tummy to a stoma bag. This might be temporary or be needed for a much longer time. As surgery will vary from one person to another, your surgeon will explain what laparoscopic surgery will mean to you.

## What happens after the operation?

After your operation, you will be taken on a bed to the ward to recover. You may feel some pain in your shoulders and hear a crackling sound (as the gas used during the operation escapes) from your wound. Both the pain (caused by a build up of gas) and crackling noise is short lived and should not cause any harm.

## What you can expect after your operation?

Your wound will be covered with a dressing (small bandage or plaster) and you will have a needle in one of your veins in your arm /back of hand. This allows your nurse to inject you with medicines and extra fluids if you need them. There will also be a thin tube (or catheter) from your bladder to check how much pee (or urine) you are making. This is passed into the bladder (when you are asleep during the operation), through the external opening where you usually pass urine from (if you are a man, this will pass through your penis, if you are a woman, it will be passed through your vagina).

### You may also have:

- A thin tube in your neck to help measure the amount of fluid in your body
- A thin tube to 'drain' any fluids that might ooze from your wound
- You may also have a stoma bag attached to your tummy. This bag collects any waste from your bowel.
- You may have a thin tube in your back (called an epidural) or arm (attached to a small pump) that allows your nurse to inject pain killers to relieve pain.

## Your Recovery:

One of the advantages of laparoscopic surgery is the speed of your recovery. Within a few hours you will be able to sit-up in bed. To reduce the chance of chest infections, blood clots and keep your lungs working well, it's important to get moving again as soon as possible. Getting out of bed and sitting in a chair is a good way to start and your nursing staff will help. Getting fluids into your body is important and

you will be able to start drinking right away. Depending on how you are feeling, you will be able to eat again within a 1-2 days. After a few days you may feel a build up of wind inside your bowel or want to go to the toilet. In this case it is best to just allow yourself to break wind or go to the toilet as normal. When you go to the toilet, it's normal for you to pass a small amount of blood and mucous (slimy liquid).

## Are there any risks?

As with all surgery, there is always a risk. There is a 4% risk of you dying during your surgery. This is influenced by your age and your overall health at the time you have your surgery. There is a risk that the join in your bowel might leak (this can be between 4 & 12% depending on where abouts the join is in the bowel). If this happens it will require another operation and a permanent or temporary colostomy bag. There is also a risk of a chest infection or a blood clot developing in your leg or lung. That's why it's important after your surgery to sit up in bed to help clear the chest and carry out breathing exercises. You will also be given a daily injection to keep the blood thin and prevent any possible clots developing.

## After you go home:

Your health will be regularly checked in the weeks and months that follow your operation. You will also have regular follow up appointments at the hospital outpatient department. If you are worried or have any questions you can talk to your hospital doctor's secretary or GP to arrange an earlier follow up appointment.

## Getting fit again

It is normal to feel weak and tired when you leave (or are 'discharged') from hospital. Although your body needs time to recover from the stress of a major operation, it is important to start your day-to-day activities as soon as you can.



**Walking** – You can begin walking the day after your surgery. This can be as simple as getting around your home or longer walks as time goes by.



**Climbing** – Climbing up and down stairs is OK but early on, it is wise to have someone there to give you confidence.



**Lifting** – You can begin to lift light objects (less than 10lbs or 5kg) after you leave hospital and gradually increase the amount you lift over the next few days. Always stop lifting anything if it causes any pain or discomfort.



**Showers** – You can take a shower two days after surgery. Gently wash your wound with soap and water. Be sure to rinse well and dry your wound gently.



**Driving** – Driving is not allowed for two weeks after surgery or until your first follow up visit with your surgeon. If you are taking prescription pain medication do not drive.



**Return to work** – This can vary from one person to another. People with jobs that are not physically demanding (for example office work) can often return to work within three weeks of their operation. Physically demanding jobs may require a longer (4-6 weeks) time resting.