Collin
County
Surgeons

Laparoscopic Colectomy

What do I need to know about my laparoscopic colorectal surgery?

Traditionally, colon & rectal surgery requires a large, abdominal and/or pelvic incision, which often requires a lengthy recovery. New instrumentation and techniques allow the surgeon to perform the procedure through several small incisions, what we now refer to as "minimally invasive" or "laparoscopic" colorectal surgery.

Colorectal conditions that can be treated laparoscopically include:

1. Diverticular disease
2. Appendicitis
3. Large colon or rectal tumors or polyps
4. Severe constipation which does not respond to medicine
5. Rectal prolapse (when rectal tissue relaxes or is no longer supported by the surrounded muscle)
6. Colon volvulus (any twisting or displacement of the intestines causing obstruction)
7. Inflammatory bowel disease (Chrohn's or ulcerative colitis)

DESCRIPTION

Minimally invasive or laparoscopic surgery involves using multiple trocars (thin tubes) placed through 3 to 5 small incisions. These incisions are usually less than 0.5 cm (less than _ inch). Carbon dioxide gas is then used to slowly inflate the abdomen. A thin telescope is placed through one of the trocars. This allows the surgical team to view the inside of the abdomen. Specialized instruments are placed through the other trocars to perform the operation. Occasionally, one of the incisions is made slightly longer to remove the colon or other tissue.

The procedure is performed under general anesthesia. An endotracheal tube or breathing tube is used to deliver the anesthesia to the patient.

ADVANTAGES

Results are different for each procedure and each patient. Some common advantages of minimally invasive colorectal surgery are:

David M. Lambert, MD, FACS
Alexander W. Lesko, MD, FACS

4510 Medical Center Drive, Suite 214, McKinney, Texas 75069
Tel: 214.592.9200, Fax: 214.726.0079

FELLOW AMERICAN COLLEGE OF SURGEONS FACS
COMMITTED TO EXCELLENCE

1. Shorter hospital stay
2. Shorter recovery time
3. Less pain from the incisions
4. Faster return to normal diet
5. Faster return to work or normal activity
6. Better cosmetic healing

BEFORE SURGERY

Before you go to surgery, you will need to be evaluated by your primary doctor and your surgeon. You may need further tests such as a colonoscopy, barium enema, EKG, chest x-ray, CT scan of the abdomen, and/or blood work. Your surgeon or primary doctor will order these tests.

Many patients qualify for laparoscopic or minimally invasive surgery. However, some conditions may decrease a patient's eligibility, such as previous abdominal surgery, cancer, obesity, variations in anatomy or advanced heart, lung or kidney disease.

Preparation for colon or rectal surgery will require a bowel prep or cleansing of the colon. Your surgeon may recommend an enema, a prescribed beverage for bowel prep and/or some antibiotics. A bowel prep should be followed by only a liquid diet. You should not eat or drink anything for 8 hours prior to surgery. You may be instructed to stop taking certain home medications. These include blood thinners, warfarin, aspirin and ibuprofen. You should notify your surgeon of ALL current medications during your evaluation.

Patients are usually admitted to the hospital the day of surgery after pre-admission testing is completed.

DURING SURGERY

You will meet with the anesthesiologist and an intravenous catheter will be placed in your arm for delivery of fluids and medication during your surgery. This procedure is performed under general anesthesia, which means you will be completely asleep. As soon as you are asleep, catheters are placed through the nose into the stomach and in the bladder and the surgical team will work together to perform the operation. Monitors are used to observe your vital signs throughout the surgery. When the operation is complete the anesthesia tube is removed. Most patients do not remember this. You are then taken to the recovery room for a short stay.

AFTER SURGERY

You will be assisted out of bed to a chair the evening of surgery. Activity will be gradually increased each day to help decrease the length of time of discomfort and

David M. Lambert, MD, FACS
Alexander W. Lesko, MD, FACS

4510 Medical Center Drive, Suite 214, McKinney, Texas 75069
Tel: 214.592.9200, Fax: 214.726.0079

increase circulation.

The first day after surgery, you may feel sleepy and possibly nauseated. Medications are given to control pain and nausea. Until the nasogastric tube in the stomach is removed, you will receive nutrition intraveneously (through the arm). About one day after the tube is removed, liquids may be allowed. The catheter in the bladder is removed when light activity can be tolerated. Pain medications are decreased as soon as possible.

COMPLICATIONS

Complications are possible with any surgical procedure. The following are possible complications related to laparoscopic colorectal surgery:

- adverse reaction to anesthesia
- bleeding in the abdomen
- infection in the abdomen or wounds
- intestinal obstruction due to scar tissue
- leakage from the bowel
- heart attack or pneumonia
- blood clots in the legs or lungs
- injury to other organs

If the operation cannot be completed laparoscopically, the surgeon will make a traditional, open incision. Complications that would result in this decision include bleeding and the inability of the surgeon to clearly view the operative area. This should never be considered a failure, but rather a prudent decision by the surgical team to safely complete the operation.

POSTOPERATIVE INSTRUCTIONS

In order to identify and treat any complications as they may arise, close, lifetime follow-up is essential.

ACTIVITY:

It is fairly common to feel weak and tired immediately after discharge from the hospital. The body needs time to recover from the stress of a major operation.

Walking – walking is permitted and encouraged beginning the next day after surgery. At home, start short, daily walks and gradually increase the distance you walk.

Climbing – Going up and down stairs is permitted. Initially, have someone assist you.

David M. Lambert, MD, FACS
Alexander W. Lesko, MD, FACS

4510 Medical Center Drive, Suite 214, McKinney, Texas 75069
Tel: 214.592.9200, Fax: 214.726.0079

Lifting – You may lift light objects (less than 10lbs.) after your discharge. This may be increased gradually. If lifting an object causes discomfort, you should discontinue the activity.

Showers – Showers are permitted 1 day after surgery. Wash over your incisions gently with soap and water. Be careful to rinse well. Pat the incisions dry.

Driving – Driving is not permitted for about 1 week after surgery or your first follow-up visit with your surgeon. If you are taking prescription pain medications or narcotics, DO NOT DRIVE.

Sex – Sexual intercourse may be resumed as your comfort level permits.

Return to work – People with sedentary jobs have returned to work as early as 2-3 weeks postoperatively. A physically demanding job may require 4-6 weeks before returning to work. This may be determined by you and your employer. Some people have residual fatigue several weeks after surgery.

DIET:

There are generally no dietary restrictions following surgery. Avoid foods that cause diarrhea or digestive discomfort. You will eventually be able to resume your regular diet. A dietary supplement or drink can be used.

WOUND CARE:

Stitches – Stitches are placed just beneath the surface of the incision. The material is absorbed by your body in about 6 weeks and does not need to be removed. Occasionally, you will note a small white string or suture at your incision site. This string can be cut at the surface of the skin using a clean pair of scissors (wipe scissors with isopropyl alcohol prior to cutting).

Steri-strips – Steri-strips are small pieces of tape used to hold incisions together. They may be removed as they begin to lift off the wound. If they have not done so, they may be completely removed 7 days after surgery. Moisten the strips with a small amount of hydrogen peroxide if they are stuck to the incision.

MEDICATIONS:

Pain – Your physician will prescribe pain medications after surgery. Acetaminophen (Tylenol) or ibuprofen (Advil) can be used for mild to moderate pain. If this does not sufficiently control the pain, take the prescribed medicine according to the directions on the label. As the pain decreases, over the counter medications should be used.

David M. Lambert, MD, FACS
Alexander W. Lesko, MD, FACS

4510 Medical Center Drive, Suite 214, McKinney, Texas 75069
Tel: 214.592.9200, Fax: 214.726.0079

Constipation – Prescription medications or narcotics can cause constipation. If you are not back to your normal bowel routine in 2 weeks, take a stool softener or Milk of Magnesia.

WHEN TO CALL THE OFFICE

You should contact your surgeon if the following occurs:

1. Persistent nausea or vomiting.
2. Fever greater than 101.5F.
3. Increased abdominal pain.
4. Pus or increased redness around the incisions.
5. Persistent blood from the rectum.
6. Increasing pain.
7. Increasing diarrhea.

FOLLOW-UP

Follow-up after surgery is extremely important. Patients usually make an appointment to see their surgeon 2 weeks after discharge. At this visit, further plans are made and the patient may be cleared for full activities such as driving.

This information is not intended to take the place of a visit with your physician. If you have further questions about preoperative symptoms or postoperative conditions, please contact your physician.

David M. Lambert, MD, FACS
Alexander W. Lesko, MD, FACS

4510 Medical Center Drive, Suite 214, McKinney, Texas 75069
Tel: 214.592.9200, Fax: 214.726.0079