Patient Information

Surgical Directorate

Pan-proctocolectomy

What is a Pan-proctocolectomy?

A Pan-proctocolectomy is the surgical removal of the entire large bowel (last part of the intestine/gut), the rectum and the anal canal. After removal of the large bowel, the open end of healthy ileum (small bowel) is brought to the surface of the abdomen and secured there to form a permanent **ileostomy**. The part of the bowel that is visible on your abdomen is referred to as a **stoma**. The stoma is usually round or oval in shape and is a pinkish red colour.

During the surgery your surgeon will need to operate on both your abdomen and rectal area. You will have a wound in the middle of your abdomen (laparotomy wound) and the rectal incision means that when the surgeon has removed the affected bowel he will stitch up that area and you will no longer have an anus.

What are the alternatives?

Your Consultant will be able to advise you what/if there are alternatives to this operation. You will also see the specialist nurses.

What are the potential risks and side effects?

Choosing not to have this operation will depend on your diagnosis following investigations but may include the continuation or worsening of the symptoms you have already experienced and possible obstruction of the bowel leading to emergency hospital admission.

As with any major operation there is a risk of chest infection following surgery particularly if you are a smoker. There is a very small risk of you having a complication such as a heart attack, pulmonary embolism or deep vein thrombosis (blood clot to the lungs or legs), wound infection or haemorrhage (bleeding). Whilst every care is taken to avoid it the nerves that affect your sexual organs may be damaged during surgery.

All of the potential risks associated with having or not having this surgery will be discussed with you in full by your Doctor/Surgeon prior to asking you to sign a consent form.

Although you will sign a consent form for this treatment you may at any time after that withdraw such consent. Please discuss this with your medical team.

What are the expected benefits of treatment?

Having this operation is expected to relieve the symptoms from which you have been suffering and prevent further complications in the future. The level to which this can be achieved will depend on your diagnosis which may include results available only after you have had the surgery i.e. from tests performed on the removed part of your bowel.

What should I do before I come into hospital?

In most cases, you will be sent directly from your consultation to the pre-admission assessment clinic or the day surgery unit where you will be seen by a nurse and/or a doctor.

Surgical Directorate

Pan-proctocolectomy - continued

This appointment will assess your fitness for operation and provide an opportunity to discuss aspects of your operation.

You will also receive advice on what medications you should take, any preparation procedures required i.e. blood tests, ECG (heart recording), x-ray etc and also advice about when you should stop eating and drinking prior to the operation.

If it is not possible to see you in the pre admission clinic on this visit you will receive an appointment for another day prior to your operation.

Will I have an anaesthetic?

This operation is performed under General Anaesthetic where you are asleep during the procedure.

What happens after my operation?

Following your operation you may return to the High Dependency Unit (HDU) rather than to the general surgical ward. This will allow the anaesthetic team to continue to monitor you more closely. This is more likely if you have a history of heart or chest problems but is common practice after more major abdominal surgery in any case.

How will I feel afterwards?

You will have either an **epidural infusion** (where a tube inserted into your back administers constant medication to relieve pain) or **Patient Controlled Analgesia – PCA** (a drip in your arm which will enable you to press a button to receive painkillers as and when you want them). The epidural will be removed approximately three to five days after your operation.

You may feel sick following your operation, if so please tell your nurse who will be able to give you anti-sickness medication. You are also likely to have a tube in your nose which goes down the back of your throat and into your stomach. This is often put down whilst you are in theatre to drain the fluid from your stomach and prevent the feeling of sickness. It will be removed when your bowel begins to work. You will have a drip in your arm to ensure you receive enough fluids while you are unable to eat or drink.

There will be a drainable bag attached to your abdomen over the stoma to collect the faeces. The specialist nurse will visit you and work with you and the ward nursing staff to advise on the care of your stoma.

Fluids and food will be introduced slowly when your gut begins to work again. This is determined by observing the contents of the stoma bag. Following this operation you will have very loose/liquid bowel movements as the part of the bowel that removes fluid and ‘thickens-up’ the stool has been removed. The nursing staff, stoma care nurse and if necessary the dietician will be able to advise you about your diet but it is important to drink plenty of fluids (approximately three litres per day).

© East Sussex Hospitals NHS Trust – www.esht.nhs.uk

Surgical Directorate

Pan-proctocolectomy - continued

A catheter tube will be placed into your bladder to enable staff to record how much urine you pass. This helps us to monitor your kidneys.

There will be a drainage tube into your abdomen (near the site of your wound) and into the rectal wound to drain away any excess blood/fluid. This drainage is quite normal and will be monitored.

All of these will sound daunting but these tubes will gradually be removed as your body recovers from the operation.

You will be given assistance to get out of bed and up and about as soon as you are able. This is to help prevent complications following your operation i.e. blood clots in the legs, chest infection, bed sores and urine infection.

There will be stitches or metal clips (like staples) to your wound which will have a dressing over it when you return to the ward. You may also find that your wound has a numb patch or is itchy. This is quite normal and will gradually fade.

Similarly, the scar may look red and there is likely to be bruising. This will settle with time.

You will be advised when/if your stitches need to be removed (usually 10 to 14 days after the operation).

How long will I be in hospital?

You are likely to be in hospital for 10 to 14 days but this will depend on the speed of your recovery and your home circumstances.

It is important that you are able to manage the care of your stoma before you go home.

What should I do when I go home?

- You will be given painkillers to take home from hospital. It will also help if you support your wound when coughing.
- With regards to your wounds and stoma it is safe to have a bath/shower when you go home.
- It may take time for your bowels to ‘settle-down’ after the operation. This is quite normal.
- The specialist nurse will have given you detailed information about what to expect from your stoma and will be able to advise you on diet and accessing further supplies of bags etc.
- You should avoid any activity which involves heavy lifting or manual work for at least four weeks.
- You must not drive for at least four weeks and then only if you are able to apply the brake in an emergency.
- Normal sexual relations can be resumed whenever you feel comfortable.

© East Sussex Hospitals NHS Trust – www.esht.nhs.uk

Surgical Directorate

Pan-proctocolectomy - continued

Will I have to come back to hospital?

You will be sent a four to six week follow-up hospital appointment through the post.

When can I return to work?

Going back to work varies according to the type of job you do and the type of operation you have had. You should refrain from manual work for at least six weeks.

You should not expect to be/feel 'back to normal' until four to six months after your operation.

Please remember to ask for a medical sick certificate when you come in to hospital to avoid delays in your discharge.

Other sources of information

- **The Royal College of Anaesthetists -** www.rcoa.ac.uk - **"You and your Anaesthetic"**
- **The Royal College of Surgeons -** www.rcseng.ac.uk

Contact information - Before Surgery

Conquest Hospital

Pre-assessment Unit	Telephone: (01424) 755255 ext 7228 or 8119
Colorectal Nurse Specialist	Telephone: (01424) 755255 ext 8575
Stoma Care Nurse	Telephone: (01424) 755255 ext 8537

Eastbourne District General Hospital

Firle Unit (Pre-assessment Unit)	Telephone: (01323) 417400 ext 4153
Colorectal Nurse Specialist	Telephone: (01323) 417400 ext 4440
Stoma Care Nurse	Telephone: (01323) 417400 ext 4552

Contact information - After Surgery

Your GP

NHS Direct

Telephone: 0845 4647 www.nhsdirect.nhs.uk

Important information

Please remember that this leaflet is intended as general information only. It is not definitive. We aim to make the information as up to date and accurate as possible, but please be warned that it is always subject to change. Please, therefore, always check specific advice on the procedure or any concerns you may have with your doctor.

Hand Hygiene

In the interests of our patients the trust is committed to maintaining a clean, safe environment. Hand hygiene is a very important factor in controlling infection.

Surgical Directorate

Pan-proctocolectomy - continued

Alcohol gel is widely available throughout our hospitals at the patient bedside for staff to use and also at the entrance of each clinical area for visitors to clean their hands before and after entering.

Other formats

If you require this leaflet in any other format such as larger print, audio tape, Braille or an alternative language, please ask at one of our PALs offices.

If you require interpreting services during your hospital visit please ask a member of staff who will be able to organise this for you via the appropriate department.

After reading this information are there any questions you would like to ask? Please list below and ask your nurse or doctor.

_____
_____
_____
_____
_____
_____
_____
_____
_____

Reference

The following clinicians have been consulted and agreed this patient information:

Consultant Surgeons

Mr P Rowe	Mr G Evans	Mr A Aldridge	Mr S Whitehead
Mr G Khoury	Mr J Lyttle	Mr A Sandison	

Clinical Matrons

Mrs E Fellows	Mrs J Kinch

Senior Sisters

Linda Budd	Gillian Churchill	Trish Shult

Date Agreed: October 2009
Review Date: October 2011
Responsible Clinicians: Mrs E Fellows and Mrs J Kinch - Clinical Matrons