

UOA MS

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Patient Name:

Special Instructions:

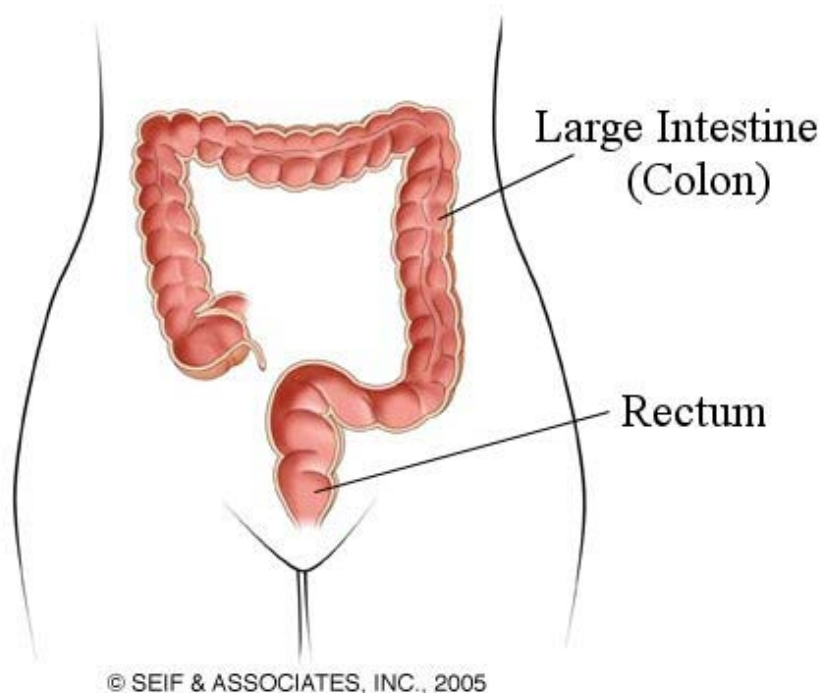
Follow Up:

Open Colon Resection

Colon resection is surgery to take out part or all of the large intestine (*colon*). It is also called a colectomy.

LET YOUR CAREGIVER KNOW ABOUT:

- Any allergies.
- All medicines you are taking, including:
- Herbs, eyedrops, over-the-counter medicines and creams.
- Blood thinners (*anticoagulants*), aspirin, or other drugs that could affect blood clotting.
- Use of steroids (by mouth or as creams).
- Previous problems with anesthetics, including local anesthetics.
- Possibility of pregnancy, if this applies.
- Any history of blood clots.
- Any history of bleeding or other blood problems.
- Previous surgery.
- Smoking history.
- Any recent symptoms of colds or infections.
- Other health problems.



RISKS AND COMPLICATIONS

There are always risks for surgery with medicine that makes you sleep (*general anesthetic*). They

include breathing and heart problems. However, this risk is low for people who have no other health problems. Other complications from colon resection may include:

- An infection developing in the area where the surgery was done.
- Problems with the incisions including:
 - Bleeding from an incision.
 - The wound reopening.
 - Tissues from inside the abdomen bulging through the incision (*hernia*).
 - Bleeding inside the abdomen.
 - Reopening of the colon where it was stitched or stapled together. This is a serious complication. Another procedure may be needed to fix the problem.
- Damage to other organs in the abdomen.
- A blood clot forming in a vein and traveling to the lungs.
- Future blockage of the colon.

BEFORE THE PROCEDURE

- A medical evaluation will be done. This may include:
 - A physical exam.
 - Blood tests.
 - A test to check the heart's rhythm (*electrocardiogram*).
- X-rays, such as magnetic resonance imaging (MRI). This can take pictures of the colon. An MRI uses a magnet, radio waves, and a computer to create a picture of your colon.
- Talking with the person who will be in charge of the medicine during the procedure. An open colon resection requires general anesthesia. Ask what you can expect.
- Two weeks before the surgery, stop using aspirin and nonsteroidal anti-inflammatory drugs (NSAIDs) for pain relief. This includes prescription drugs and over-the-counter drugs. Also stop taking vitamin E.
- If you take blood thinners, ask your caregiver when you should stop taking them.
- **Do not** eat or drink anything for 8 to 12 hours before the surgery. Ask your caregiver if it is okay to take any needed medicines with a sip of water.
- Ask your caregiver if you need to arrive early before the procedure.
- On the day of your surgery, your caregiver will need to know the last time you had anything to eat or drink. This includes water, gum, and candy.
- Make arrangements in advance for someone to drive you home.

PROCEDURE

Colon resection can take 1 to 4 hours.

- Small monitors will be put on your body. They are used to check your heart, blood pressure, and oxygen level.
- You will be given an intravenous line (IV). A needle will be inserted in your arm. Medicine will be able to flow directly into your body through this needle.
- You might be given a medicine to help you relax (*sedative*).
- You will be given a general anesthetic.
- A tube may be put in through your nose. It is called a nasogastric tube. It is used to remove stomach juices after surgery until the intestines start working again.
- Once you are asleep, the surgeon will make an incision in the abdomen about 6 to 12 inches long.
- Clamps are put on both ends of the diseased part of the colon.
- The part of the intestine between the clamps is removed.
- If possible, the ends of the healthy colon that remain will be stitched or stapled together.
- Sometimes, a colostomy is needed. For a colostomy:
 - An opening (*stoma*) to the outside is made through the abdomen.

- The end of the colon is brought through the opening. It is stitched to the skin.
- A bag is attached to the opening. Waste will drain into this bag. The bag is removable.
- The colostomy can be temporary or permanent. Ask your surgeon what to expect.
- The incision from the colon resection will be closed with stitches or staples.

AFTER THE PROCEDURE

- You will stay in a recovery area until the anesthesia has worn off. Your blood pressure and pulse will be checked every so often. Then you will be taken to a hospital room.
- You will continue to get fluids through the IV for awhile. The IV will be taken out when the colon starts working again.
- You will gradually go back to a normal diet.
- Some pain is normal after a colon resection. Ask for pain medicine if the pain becomes too much.
- You will be urged to get up and start walking after 1 or 2 days, at the most.
- If you had a colostomy, your caregiver will explain how it works and what you will need to do.
- Most people spend 3 to 7 days in the hospital after this surgery. Ask your caregiver what to expect.

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