Abdomino-perineal Resection/Excision of the Rectum

What is an Abdomino-perineal Resection/Excision of Rectum?
An Abdomino-perineal Resection/Excision of Rectum is the surgical removal of part of the large intestine (the lower part of the bowel). The diseased part of the bowel is towards the end of the large bowel. It is not possible to remove the affected part and join the cut ends of the bowel together. Therefore, in your case the surgeon will form a permanent colostomy.

A colostomy is when the open end of healthy bowel is brought to the surface of your abdomen and secured there to form a new exit for waste matter (faeces). The part of the bowel that comes out onto the abdomen is referred to as a stoma. The surgeon will also stitch the rectal area which means you will no longer have a back passage (anus).

What are the alternatives?
Your Consultant and the specialist nurse will be able to advise you if there is an alternative to this operation. This will depend on the cause/diagnosis of your complaint for example, if your bowel is diseased or if there is a tumour present.

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 may already experienced 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.

Occasionally the bowel (gut) is slow to start working again but following a period of rest with fluids provided through a ‘drip’ (fluids directly into your vein), your stoma will start to activate and in time may develop some rhythm and regulation of function.

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.
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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.

This appointment will assess your fitness for operation and provide an opportunity to discuss aspects of your operation. You will have blood taken, a trace of your heart (Electro-cardiogram – ECG) and any other investigations deemed necessary.

You will be admitted at least one day before your operation to enable us to prepare you for the procedure and your recovery afterwards. You will be seen by the specialist nurse for stoma care who will decide, with you, the best place for your stoma to be sited (usually towards the left side of the abdomen below the belt line). The day before your operation you will be given a strong laxative (Picolax) to completely empty your bowel. After taking the Picolax you will need to drink plenty of clear fluids to prevent you becoming dehydrated and you will need to stay near a toilet. It may be necessary for you to have a drip overnight before theatre to prevent you getting dehydrated.

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. An anaesthetist will visit you on the ward to discuss the anaesthetic with you.

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).

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 bile 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. Fluids and food will be introduced slowly when your gut begins to work again. This is determined by the medical staff listening to your abdomen with a stethoscope to see if they can hear ‘bowel sounds’ and nursing/medical staff observing if there is ‘wind’ in your stoma bag.
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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) to drain away any excess blood/ fluid. This drainage is quite normal and will be monitored. There may also be a tube into the wound at your back passage which can make it uncomfortable to sit down. We can provide you with a cushion to make this more comfortable.

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

You will be given assistance by nursing staff and a physiotherapist 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 will also have a dressing over your rectal wound.

There will be a large bag over your new stoma which may contain some blood stained fluid. This is quite normal and the nursing staff will be able to observe your stoma through the bag.

Similarly, your wound 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 about 14 days (or more) 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 wound it is safe to have a bath/shower when you go home and important to keep your rectal wound clean.
- The specialist nurse will give you detailed information about how to care for your stoma and will be able to advise you on diet and accessing further supplies of bags etc.
- You must not drive for at least six to eight weeks and then only if you are able to apply the brake in an emergency.
- You should avoid any activity which involves heavy lifting for about six weeks.
- Normal sexual relations can be resumed whenever you feel comfortable.
Patient Information

Surgical Directorate

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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 to eight weeks.

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

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. 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.
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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.

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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
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Responsible Clinicians:  Mrs E Fellows and Mrs J Kinch - Clinical Matrons