Abdomino perineal resection

What is an abdomino perineal resection and why do I need this operation?
This is a surgical procedure to remove your rectum and anus (back passage). This means having a permanent colostomy. This is a piece of your bowel brought out onto the surface of your abdomen which is called a stoma. You will wear a bag over this to collect your bowel motions.

What are the benefits of having this operation?
The disease or problems with your rectum and/or back passage will be removed and symptoms relieved.

What are the risks, consequences and alternatives associated with having this operation?
This is a major operation and does have some risks associated with it. These can include heart attack, stroke and rarely death. Your specific risk will depend upon your general health and will be discussed in detail with you.

More specific risks can be:
- Haemorrhage (internal bleeding) which may require another operation to stop it.
- Blood clots developing in the veins in your legs and/or lungs, we give you blood thinning injections to help prevent this.
- Infections to the chest, wound, urinary tract and at the site of needle punctures on your skin.
- The wound on your bottom is at risk of non-healing and sometimes a collection of fluid or pus can build up inside your abdomen after the operation and leak out through this wound.
- Your stoma (colostomy) can become retracted and discoloured due to poor circulation requiring re fashioning via a small operation.
- Damage can occur to the nerves, which supply your bladder and sexual organs. This can cause problems with bladder emptying and control and in men, ability to get an erection and in women vaginal dryness or tightness. These problems can recover with time. Treatments are also available.
- Development of a hernia (weakening of the muscles) in the wound after surgery.

If you are concerned about any of these risks, or have any further queries, please speak to your consultant.
Your consultant has recommended this procedure as being the best option. Any alternative(s) to this procedure will be discussed with you as they depend upon your individual circumstances.

There is also the option of not receiving any treatment at all. The consequences of not receiving any treatment are _______________________________________________________________.

If you would like more information please speak to your consultant or one of the nurses caring for you.

Getting ready for the operation
You will be asked to attend the Pre-Operative Assessment Clinic. A nurse will discuss the operation with you. You may need to undergo some routine tests before your operation eg. heart trace (ECG), x-ray, blood test.

You will be asked some routine questions about your general health, the medicines you take at the moment and any allergies you have.

You will be given some energy drinks and an information leaflet explaining when to take them before your operation.

On admission
You will be admitted on the day of your operation where you will be seen by members of the team who will be involved in your care. These may include an anaesthetist, doctors, physiotherapist and specialist nurse.

You will be asked to sign a consent form after the operation has been discussed. You will be given the opportunity to ask questions.

For a time before certain types of anaesthetic you will need to stop eating, drinking and chewing gum. This will be explained to you and you may also be given a booklet about this. If you have any questions please contact the hospital - telephone number on your admission letter.

A stoma nurse will visit you before the operation to discuss care of your colostomy and will continue to visit you after the operation until you become confident.

You may need to take 2 laxative drinks a few hours apart to clear your bowel in readiness for the operation.

You will be asked to have a bath or shower before your operation. Please do this at home if you are coming in on the day of your operation. If you are already in hospital the nursing staff can help you if necessary.

If the area of surgery is particularly hairy, the nursing staff will clip it using specialised clippers (so as to not cut or damage the area before your operation). Please do not shave the area yourself.

Pain relief
Before you go to theatre you will have a consultation with an anaesthetist who will discuss the different options of pain relief available following your operation. It is very important to remember that you never need to experience severe pain and you should inform the nurse if this happens.

You will be asked to put a theatre gown on and a nurse and porter will escort you to theatre.

What sort of anaesthetic will I have?
Your operation will be carried out under general anaesthetic, which means you will be asleep throughout. The anaesthetist will visit you before your operation and discuss the anaesthetic with you.
What should I expect after the operation?

Step Down Unit - you may go here straight after your operation for a couple of days. This is a smaller ward which has more nursing staff and monitoring equipment. After this you will return to the surgical ward.

When the operation is over you will have your pulse, blood pressure, breathing and wounds checked regularly by a nurse.

It is usual to feel drowsy for several hours. You will be given oxygen through a facemask until you are more awake.

Anaesthetics can sometimes make people feel sick. The nurse may offer you an injection if the sick feeling does not go away, this will help to settle it.

Pain relief
If you experience pain it is important to tell the nurses who can give you painkillers to help.

*PCA (patient controlled analgesia)* - painkillers are administered via a drip into your arm. With this type of pain relief you control the amount you receive.

*Epidural* - this involves insertion of a tube into your back before the operation by an anaesthetist and provides painkillers continuously.

Eating and drinking
You may eat and drink normally after surgery. If you feel sick drink fluids only until you feel able to eat again.

Wound care
You will have a large plaster covering your wound, which is usually left in place for a few days after your operation. Your wound will have staples (metal clips) or stitches to keep it together while it heals. These will be removed after 10 - 14 days.

Mobilising
Within the first few days, you will be encouraged to get up and move around. It is important to mobilise as soon as possible after an operation to reduce the risk of blood clots. Around 60 metres, 4 times a day is a good amount to aim for.

Catheters
You may have a tube to empty your bladder for a few days after your operation. The nursing staff can remove this easily.

Drains
You will have 2 drains (thin tubes) coming from your bottom wound. These drain any excess blood and fluid from your operation into 2 bottles and will be easily removed between 2 - 4 days after your operation.

Stoma
This will have a bag fitted over it.

Going home
You will be in hospital for approximately 4 - 10 days depending upon your progress.
DISCHARGE INFORMATION AND AT HOME ADVICE
When you go home you may feel tired and vulnerable. Try not to expect too much of yourself. Illness unsettles your lifestyle. However, there is no reason why you should not resume, or continue with your work or social activities when and if you feel well enough. After your operation you are advised not to drive or lift heavy objects for about 6 weeks.

Your stoma nurse will visit you at home and continue to provide support and advice. Organisation of bag supply and disposal will be discussed.

Follow up appointment
You will receive an appointment to attend the Outpatient Clinic for approximately 2 - 3 weeks after you leave hospital to check on your progress.

Useful contacts

Colorectal Nurse Specialists
Telephone: 01332 787236 or 01332 787237

Colostomy Association
15 Station Road
Reading,
Berkshire
RG1 1LG
Telephone: 0118 9391537
Website: www.colostomyassociation.org.uk

Macmillan Cancer Support
89 Albert Embankment
London
SE1 7UQ
Telephone: 0808 808 0000
Website: www.macmillan.org.uk

Digestive Disorders Foundation
3 St Andrews Place
London
NW1 4LB
Website: www.digestivedisorders.org.uk

Useful websites
Association of Coloproctology: www.acpgbi.org.uk
www.bowelcancer.org
www.netdoctor.co.uk

If you have any queries, or require further information please do not hesitate to telephone 01332 340131 and ask for your ward.

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