



# Getting ready for and recovering from Colon (Bowel) Resection Surgery



Island Health Surgery Resources



# About these materials

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This booklet was developed with input from doctors and health care providers. It provides specific information to help you prepare for your surgery and recovery.

**Please read this booklet as soon as you get it!**

**If your surgeon or nurse gives you information that is different than what is in this booklet, please follow their directions.**

This booklet is meant to be read with the *Getting ready for and recovering from Surgery* booklet; it provides general information to help you prepare for your surgery and recovery. It is important that you read both booklets. You can find copies by:

- Asking your surgeon's office, or
- Going to Island Health's Surgery website:

<https://www.islandhealth.ca/learn-about-health/surgery/getting-ready-surgery>

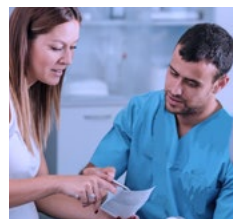


**Help your care team help you!**

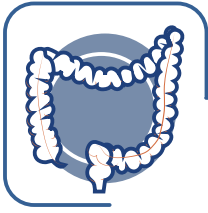
Share this booklet with your care team so they know about your plans to recover and get home as soon as possible.

**Please note that the information in this booklet is current as of the date printed on it.**

Surgical Services, Island Health



# Preparing for Surgery



# About Your Colon Surgery



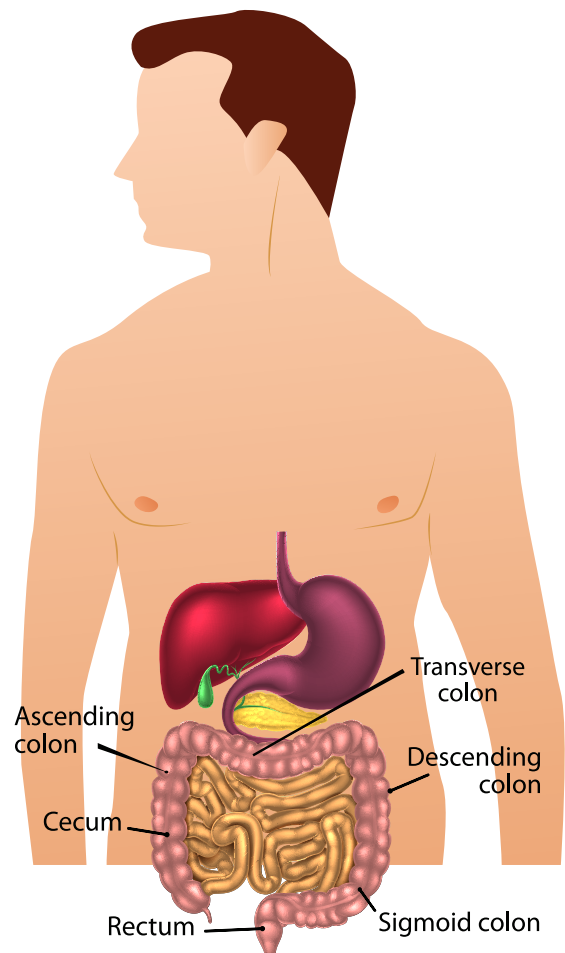
Your likely length of hospital stay is 2-4 days. You may go home earlier or later, depending on your recovery.

## Surgery Information

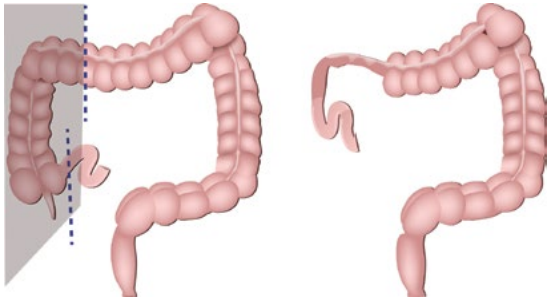
The colon is about five feet long. Its main function is to remove waste from the body (feces or stool) and to absorb water and minerals into the body.

The large bowel surrounds the small bowel starting at the right side of the belly (abdomen), crossing the upper abdomen to the left side, down the left side and then toward the pubic bone.

Colon resection surgery involves the removal of the diseased part of the large bowel. The name of the operation depends on what part of the bowel is diseased. Names of colon resection surgery include hemicolectomy, sigmoid colectomy, and rectal cancer surgeries.

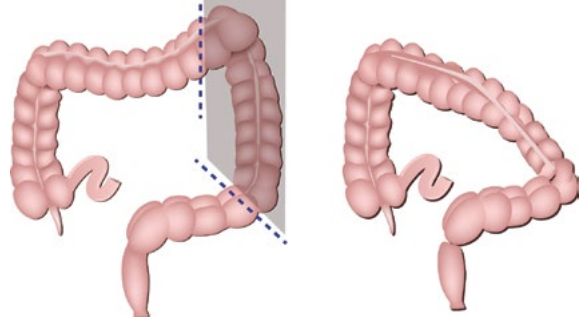


# Common types of Colon Resection Surgery



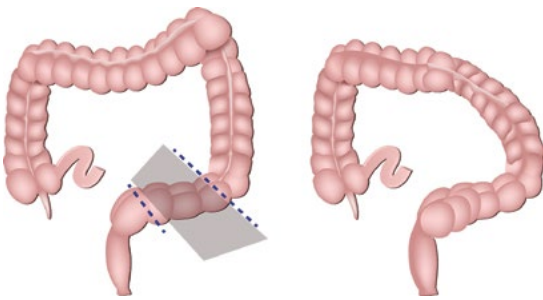
## Right Hemicolectomy

Part or all of the ascending colon and cecum are removed. The colon is then reconnected to the rectum.



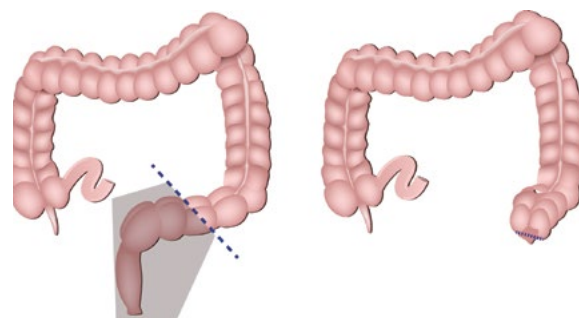
## Left Hemicolectomy

Part or all of the descending colon is removed. The transverse colon is then reconnected to the rectum.



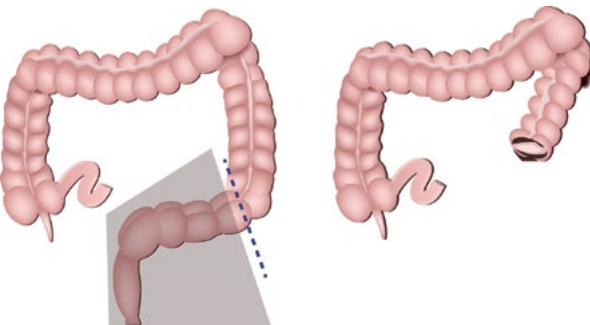
## Sigmoid Resection

Part or all of the sigmoid colon is removed. The descending colon is then reconnected to the rectum.



## Low Anterior Resection

The sigmoid colon and a portion of the rectum are removed. The descending colon is reconnected to the remaining rectum.



## Abdominoperineal Resection

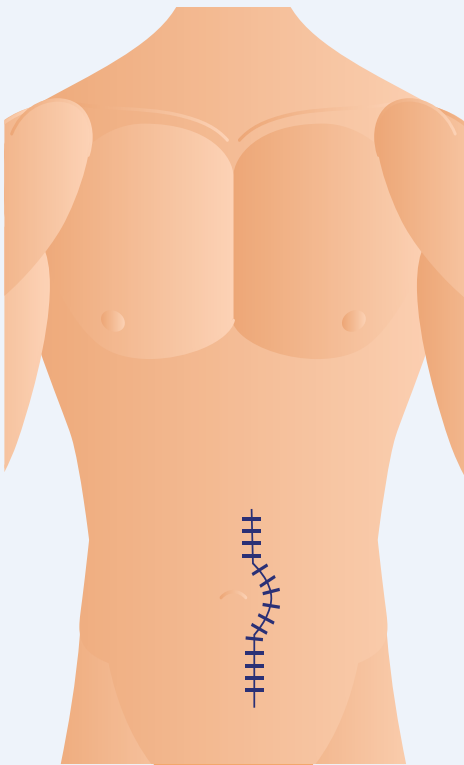
Part or all of the sigmoid colon and the entire rectum and anus are removed. A colostomy is then performed.

# How is the surgery done?

There are 2 ways of doing colon resection surgeries: *open* and *laparoscopic*.

## Open Surgery

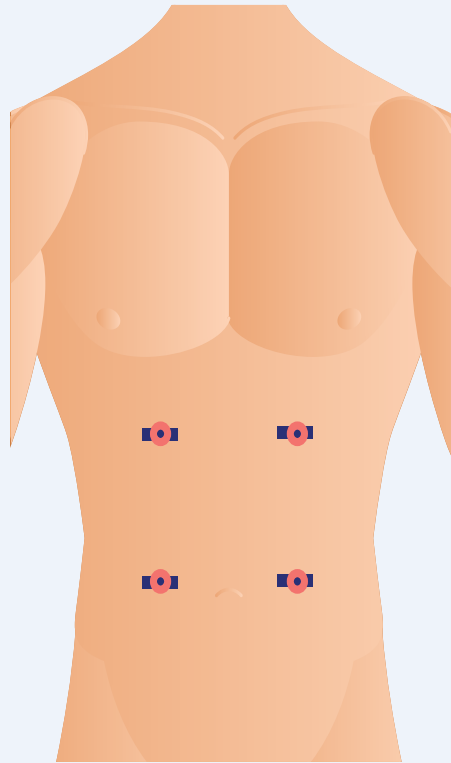
The surgeon will make one incision down the centre of your abdomen.



Open Incision  
Closed with staples

## Laparoscopic Surgery

The surgeon will make 4-6 very small incisions in your abdomen. She will then insert surgical instruments and a camera through the incisions to remove the diseased bowel and sew the healthy ends of bowel together.



Laparoscopic Port Sites:  
The location and number of laparoscopic port sites maybe different, depending on the procedure and surgeon

# Will I need an ostomy?

Some colon resection patients may need an ostomy as part of their surgery. Your surgeon will let you know if an ostomy is planned for you.

An ostomy is a surgically-created opening in the abdomen through which a small portion of the bowel is brought up to the surface of the skin. Your ostomy may be temporary or permanent.

You may be booked to see an Enterostomal Therapist, who will answer your questions about the stoma.

## Enterostomal Therapy (ET) Nurse

The ET Nurse helps patients who will have an ostomy as part of their surgery. The ET Nurse will:

- Show you an ostomy pouch (bag) and tell you how it works.
- “Tattoo” a mark on your abdomen to help your surgeon know the best position to create the stoma on your body.
- Talk with you about supplies needed for after surgery.
- Answer your questions and provide support.

If your surgery is urgently booked, the ET Nurse will visit you and your family in the hospital.

If your surgery is booked in advance, you and your family will visit with the ET Nurse at the ET Clinic before your surgery. Your surgeon’s office will tell you the date and time of this appointment.

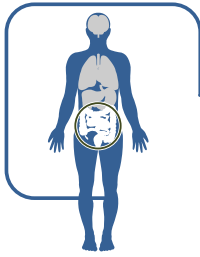


Date: \_\_\_\_\_

Time: \_\_\_\_\_



## Preparing for surgery



### Bowel preparation (cleaning out your bowel)

You may need to clean out your bowel before surgery. If your surgeon tells you to clean out your bowel, she will tell you to buy a Fleet® Enema or Pico Salax®.

If you do not clean out your bowel properly your surgery will be delayed or cancelled. Please follow the instructions below carefully.

#### Fleet® Enema

##### How to give yourself a Fleet® Enema

###### The evening before surgery:

1. Lie on your left side with both knees bent, and arms at rest.
2. Remove the protective shield from the enema bottle.
3. With steady pressure, with the tip pointing towards your belly button, gently insert the enema tip into your rectum. If you have difficulty inserting the tip, try bearing down as if you are having a bowel movement; this helps relax the muscles around the anus.
4. Squeeze the bottle until nearly all of the liquid is gone.
5. Remove the tip from the rectum and stay in the laying position until you feel the urge to have a bowel movement.

###### The morning of surgery:

1. Follow the same steps you did the night before.



## Fleet® Enema

### What can you expect after a Fleet® Enema?

- Make sure you are close to a toilet. The enema usually takes effect in 1 to 5 minutes.
- Side effects to Fleet® enemas are very rare. Abdominal cramping is considered normal. You may also develop thirst, have palpitations, urinate less often, or become nauseated.
- If for some reason you are not able to finish giving yourself the enema, please tell your surgeon before coming to the hospital.

## Pico Salax® bowel preparation

### How to Take Pico Salax® bowel preparation (Please DO NOT follow the package directions)

At 12:00 PM the day before surgery:

- In a glass, dissolve the contents of one sachet of Pico-Salax® in 150 ml (4 ounces; 1/2 cup) cold water.
- Stir for 2-3 minutes and then drink it. If it becomes hot, wait until it cools before you drink it.

At 6:00 PM the day before surgery:

- Dissolve the contents of the second sachet of Pico-Salax® in 150 ml (4 ounces; 1/2 cup) cold water.
- Stir for 2-3 minutes and then drink it. If it becomes hot, wait until it cool before you drink it.



# Pico Salax<sup>®</sup> bowel preparation

## Continued...

Every hour from 12:00 PM until bedtime or until bowel movements stop:

- Drink 250 ml (8 ounces; 1 cup) of clear fluid.
- This will help replace the fluid lost from your body.

What can you expect after taking Pico-Salax<sup>®</sup> bowel preparation?

- You will need to be close to a toilet after you take this laxative, as it starts working within 1-3 hours.
- Abdominal cramping can occur and is considered normal.
- Your bowels are considered clear when you are passing only liquid. The liquid may be clear or colored with flecks of stool.
- Side effects to Pico-Salax<sup>®</sup> are very rare. Report any of the following symptoms to your doctor as soon as possible: tingling skin; numbness; palpitations; muscle weakness; tremors; rash; itching; vomiting; or severe abdominal pain.
- If for some reason you are not able to finish taking the Pico Salax<sup>®</sup>, please tell your surgeon before coming to the hospital.
- Pico-Salax<sup>®</sup> is not recommended for patients with kidney problems. Please check with your surgeon.



# What to expect after your surgery

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**By knowing what to expect after surgery, you can plan now to help your recovery.**



## Eating and Drinking after surgery

### **Eating on the day of your surgery**

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After surgery, continue to drink liquids and supplement drinks. If this goes well, solid food will be added to your diet. Eat more each day as you feel comfortable.

Drinking and eating as soon as you can after surgery helps your bowels return to working normally. Depending on your surgery, your Registered Dietitian may follow up with more information for a diet plan.

You may be given nutrition supplements to drink. Try to drink 2 every day.

### **Eating on the day after your surgery**

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You can drink and eat a regular diet. Try to sit upright for all your meals. If you want a specific food that is not available in hospital, have a friend or family member bring it in.

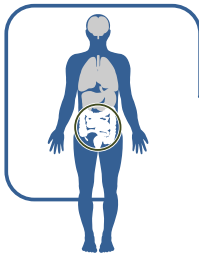
If you have questions about your diet before you leave hospital ask to speak with a Registered Dietitian.



# Going home after Surgery

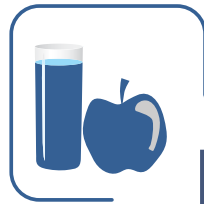


**Discharge for overnight stays is usually 9:00 AM. The staff will tell your family or friend when to pick you up. Remember, you need to plan for a ride home.**



## Going to the bathroom

Your bowel habits may change after part of your bowel has been removed. You may have loose stools or be constipated (have hard bowel movements). This should settle into a more normal pattern over a period of time. Some pain medications can cause constipation. If constipation becomes a problem, increase the amount of fluids you drink and continue to exercise.



## Eating and Drinking at home



After surgery, your body needs healthy foods with extra calories and protein to help you heal. You can eat anything you want unless told otherwise by your Registered Dietitian or Surgeon.

### Suggestions



- Eat small, frequent meals and snacks. To heal after surgery your body needs a healthy diet. There is no reason to limit any foods. Try to eat every 2-3 hours.



- If you are unable to eat enough food after surgery, you can drink a nutrition supplement and eat high calorie foods. Ask your Registered Dietitian for a recipe to make drinks that are high in both protein and calories.
- Drink a variety of fluids every day.
- Limit drinks containing caffeine or alcohol.
- You can tell you are drinking enough if your urine is the colour of lemonade.



- A multivitamin with minerals may be useful if you are unable to eat a variety of foods. Discuss with your Doctor.
- You may find some foods upset your stomach. Try the food again a few weeks later. If you aren't sure which foods are bothering you, add them back into your diet one at a time.



# Health concerns

## Who to Contact:

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### Call 911 if you have:

- Chest discomfort with sweating, nausea, faintness or shortness of breath.
- Shortness of breath that gets worse and is not relieved by resting.
- Fainting spells.
- Bright red blood in stool or urine, or when you cough.
- Sudden problems with speaking, walking or coordination.

### Call your Surgeon if you have:

- Severe abdominal pain and generally feeling unwell.
- Bleeding from your anus.
- Persistent nausea or vomiting.
- Persistent diarrhea or constipation.
- Bleeding enough to soak through a tissue.
- Drainage from your incision that is persistent or changes in appearance or colour (i.e., yellow or green).
- Increased tenderness, redness or warmth around the surgery site.
- Irritation or blisters from your dressing or tape.
- Pain that is not relieved by your medication.
- A fever spike (greater than or equal to 39° Celsius/102.2 Fahrenheit) with or without shakes and body chills.
- A high-grade fever (38.5° Celsius/101.3 degrees Fahrenheit and over) for 2 days or more.
- Your calves (lower portion of your legs) become swollen and painful.



## Who to Contact:

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### If you cannot reach your surgeon:

- Call your family doctor, or
- Go to a walk-in medical clinic, or
- If it is after clinic hours, go to a hospital emergency department.

### For non-emergency health information and services:

- Contact HealthLinkBC – a free-of-charge health information and advice phone line available in British Columbia.



#### *HealthLinkBC*

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- phone: *8.1.1 from anywhere in BC.*  
*7.1.1 for deaf and hearing-impaired assistance (TTY)*
- email: [www.healthlinkbc.ca](http://www.healthlinkbc.ca)  
Translation services are available in over 130 languages.



## Compliments and concerns

Quality care is important to all of us. You have the right to give feedback about your care and know you will be treated fairly. Your feedback gives us an opportunity to improve the care and services we provide.

If you have a compliment, complaint or concern, you can speak directly to the person providing your care, or you may contact the **Patient Care Quality Office**.



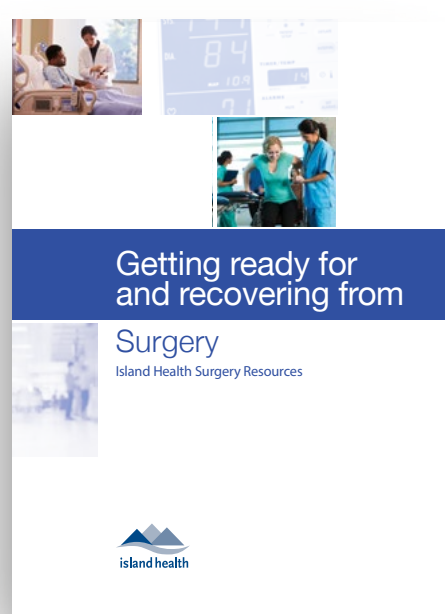
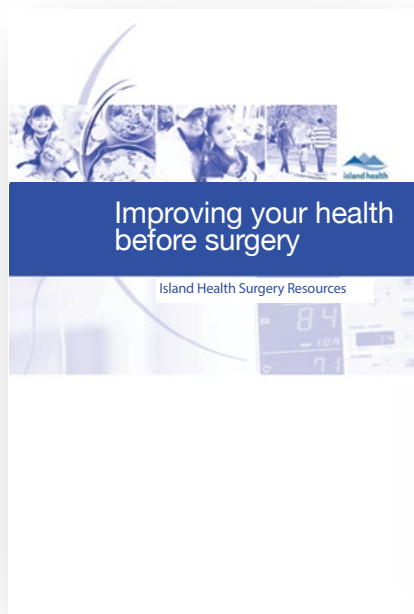
**Patient Care Quality Office**  
**Royal Jubilee Hospital**  
**1952 Bay Street Victoria, BC V8R 1J8**  
**Memorial Pavilion, Watson Wing, Rm 315**  
**Toll-free: 1.877.977.5797 / Greater Victoria: 250.370.8323**  
**[patientcarequalityoffice@viha.ca](mailto:patientcarequalityoffice@viha.ca)**  
**<https://www.islandhealth.ca/patients-visitors/patient-care-quality-office>**





## Resources

Other Island Health surgery resources you might find helpful:



Available at:



***Island Health's Getting Ready for Surgery site:***

<https://www.islandhealth.ca/learn-about-health/surgery/getting-ready-surgery>



# Tell us what you think!

After reading this booklet please respond to the following statements. Your answers and comments will help us improve the information.

Circle one number for each statement:



strongly  
disagree

strongly  
agree

I read all of the information provided.

1 2 3 4 5  
|----->

Comments

\_\_\_\_\_  
\_\_\_\_\_

The information is easy to read.

1 2 3 4 5  
|----->

Comments

\_\_\_\_\_  
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The information is easy to understand.

1 2 3 4 5  
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Comments

\_\_\_\_\_  
\_\_\_\_\_

Reading this information helped me prepare for and recover from my surgery.

1 2 3 4 5  
|----->

Comments

\_\_\_\_\_  
\_\_\_\_\_

The information answered my questions.

1 2 3 4 5  
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Comments

\_\_\_\_\_  
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I would recommend this information to other patients.

1 2 3 4 5  
|----->

Comments

\_\_\_\_\_  
\_\_\_\_\_

I prefer to have this information in:

\_\_\_\_\_ A book just like this one

\_\_\_\_\_ Separate handouts on each topic that I need

Comments

\_\_\_\_\_  
\_\_\_\_\_

I would have liked MORE information about:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I would have liked LESS information about:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What changes would you make in this booklet to make it better?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I am: \_\_\_ a patient \_\_\_ a family member

**Thank you!**

Please give this evaluation form to your health care provider or mail to:  
Manager of Surgical Quality  
Surgical Services 2nd Floor, Memorial Pavilion  
Royal Jubilee Hospital  
1952 Bay Street  
Victoria, BC V8R 1J8



