Subtotal Colectomy

This is an operation to remove the colon, leaving the rectum behind. It is most usually performed for patients with inflammatory bowel diseases, cancers or polyps but may be performed for some patients with constipation. In most cases the operation can be performed via a laparoscopic (key hole) surgical technique.

What Does The Operation Involve?

This operation can be performed as an open or laparoscopic (keyhole procedure). During the operation the whole of the colon, and the last part of the small intestine are removed. The surgeon then re-makes the join (anastomosis) between the small intestine and the remaining part of the colon/rectum. The surgeon may use either sutures or special staples to make this join. If there are any special circumstances that mean that a stoma may be required the surgeon will discuss these issues beforehand.

The operation time may vary for this type of surgery but is usually around 3 hours.

The piece of bowel that is removed is sent to the pathology department where the pathologist carefully examines it. The results are usually available within two weeks of the operation.

What Are The Risks?

There are risks associated with any abdominal operation. Pre-operative assessment of heart and lung conditions are made, as well as any coexisting medical conditions. During the hospital admission patients wear stockings and are given a regular tiny injections to prevent thrombosis (blood clots).

Bleeding if very rare in this type of surgery, blood is always available if a transfusion is required.

Wound infections can occur in any form of intestinal surgery, open or laparoscopic. Wound infections rarely cause serious problems but may require treatment with antibiotics.

Occasionally the join that the surgeon makes in the bowel can leak. This is known as an anastomotic leak. If a leak occurs sometimes this can be managed with antibiotics and/or a drain placed through the abdominal wall usually in the x-ray department. If the leak is larger and peritonitis develops another operation will be necessary and the surgeon will need to create a stoma (ileostomy).

Sometimes the bowel may take longer than normal to start working, this is known as ileus. Patients may develop abdominal distension and vomiting. If this happens the surgeon will normally recommend a period of bowel rest with continued intravenous fluids and sometimes a tube passed via the nose to the stomach (nasogastric tube).

When the bowel doesn't start working properly, there may be a kink, twist or an adhesion causing a blockage. This is known as obstruction. Patients may develop colicky abdominal pains, abdominal distension and vomiting. If this happens the surgeon will normally recommend a period of bowel rest with continued intravenous fluids and sometimes a tube passed via the nose to the stomach (nasogastric tube). In most cases the obstruction settles spontaneously occasionally an operation is required to relieve the blockage.

Sometimes during the operation the surgeon discovers that it is not possible to carry out the procedure using a wholly keyhole approach. In this situation a cut is made and the operation is done as an open procedure. This is known as conversion.

What Happens After The Operation?

After the operation patients will have an intravenous drip, which is normally in place for 24 hours, or until, a normal fluid intake is resumed.

A catheter (tube inserted to drain the bladder) is normally kept in place for 24hours.

Occasionally an abdominal drain is used (small tube passing through the abdominal wall). This is normally removed after a few days.

Patients are allowed to eat and drink as soon as they feel able after the operation (usually the same day).

Patients are encouraged to mobilise as soon as possible after the operation.

Hospital stay is usually 2-5 days for keyhole surgery and 5-7 days for open surgery although this may vary.

Following discharge from hospital, patients are encouraged to keep mobile. They should avoid heavy lifting or increased physical activities for about 6 weeks. Patients can normally resume driving after about 2 weeks but this may vary particularly if the operation is done as an open procedure.

A follow up consultation is usually arranged after about two weeks. Patients can always be seen sooner if there are problems.