Laparoscopic (keyhole) colorectal (bowel) resection

Your operation explained

Information for patients
Colorectal Surgery
Introduction

This leaflet should be read together with a booklet which explains the specific bowel surgery you are about to undergo. This will have been offered to you by your consultant surgeon or clinical nurse specialist.

What is laparoscopic surgery?

An alternative to 'open' surgery is laparoscopic surgery. This is also known as 'minimally invasive' or 'keyhole' surgery.

Not every patient can have keyhole surgery. Your consultant surgeon will discuss with you whether the keyhole approach is possible.

Previous surgery on the abdomen, in particular, may mean that this approach is not possible.

What are the advantages of keyhole surgery?

Having keyhole surgery means you are likely to:

- Have a shorter hospital stay (3 - 5 days)
- Have less pain after the operation
- Have smaller scars
- Be able to eat and drink again straight after surgery
- Be able to get out of bed sooner
- Recover from surgery more quickly
- Have a reduced risk and severity of wound infection

Are there any risks?

Anaesthetic problems

Any existing heart and lung problems may mean in some cases patients cannot tolerate certain aspects of keyhole surgery whilst under anaesthetic; therefore, we have to convert to open surgery.
Injury to other organs in the abdomen

Another complication that can occur with keyhole surgery includes injury to other organs in the abdomen for example the small bowel, bladder, ureters (kidney tubes) or spleen. The instruments used during the operation can cause this. It may be necessary to convert to the 'open' operation in order to repair any damage.

Are there any alternatives to keyhole surgery?

Yes. In some cases, the operation cannot be performed or completed through the keyhole method and a decision will be made to perform the operation in the traditional way. Factors that may increase the possibility of choosing or converting to the open procedure may include:

- Obesity
- A history of earlier abdominal surgery causing dense scar tissue
- Inability to see the organs
- Large tumours

The decision to perform the open procedure is a judgment made by your surgeon either before or during the actual operation. When the surgeon feels that it is safest to convert the keyhole procedure to an open one, this is not a complication, but rather sound surgical judgment.

The decision to convert to an open procedure is strictly based on patient safety. This is to ensure the safe removal of the bowel and that an adequate join of the remaining bowel can be made. If this does happen it may mean a slightly longer recovery and hospital stay.
Is there anything I need to do or bring with me before I arrive?

You will need to bring some nightwear and toiletries for your stay in hospital. We do not encourage you to bring in valuables although a small amount of money is fine.

We also ask you to bring all your medications in their original packaging.

**Will I need a general anaesthetic, sedation or local anaesthetic?**

Yes. Most bowel operations take place under general anaesthetic. The anaesthetist will see and assess you before your operation.

**Will I need to sign a consent form or give verbal consent?**

Yes. We ask for your written consent for all operations. Your medical team will take this and ask you to sign a form. They will explain the procedure and what it involves. They will also inform you of any risks. Please feel free to ask any questions as it is very important you understand what will happen and why.
What does keyhole surgery involve?

The same part of your bowel (as described in your operation leaflet and discussed with your consultant surgeon) will be removed but this will not involve a large cut in your abdomen (tummy). Instead, 4 or 5 small cuts (5 - 10mm in length) are made in your abdomen into which small plastic tubes (ports) are inserted. Surgical instruments are passed through these ports to the inside of your abdomen. These instruments include a telescope and camera, which allow the surgeon to see inside. A harmless gas is pumped into the abdomen to make this process easier. The diseased part of bowel is then removed through a separate cut.
After your keyhole surgery

You will find that you are able to resume daily activities sooner than you may have anticipated. Your recovery will be quicker because you will feel more comfortable.

Many of the drips and tubes you have in place will be removed within the first 24 - 48 hours.

You can eat and drink and move around as soon as you feel able to do so (some patients do this on the day after surgery).

Nausea (feeling sick) after this operation is common but can be treated with anti-sickness medication which you will be prescribed and the nurses will give to you if you request it.

You may feel some pain, particularly related to the gas, which is pumped inside your abdomen. You will be given pain relief to help this. However, moving and walking around can help this to ease and you will be encouraged to do this as soon as you feel able.

You will have several tiny wounds to your abdomen but you may not have stitches that need removing, as they are often dissolvable.

How soon can I resume work?

If you work you may return when you feel ready and your GP says you are fit enough. In the early period you may tire very easily, so it is important to gradually increase your activity before going back to work. You may be able to negotiate returning to work part-time if your employer agrees.

When can I drive?

Your doctor (GP or hospital consultant) will tell you when it is safe for you to start driving again. You are advised to contact your insurance company and seek advice first.
What follow-up care will I need? Do I need to visit my doctor or clinic?

Your hospital consultant or team will normally see you approximately 6 weeks after you are discharged from hospital. Sometimes your appointment is sooner than this if you have results due, if any problems have happened or if you have been discharged very quickly.

You should not require any specific help or care once home. The District Nurse is sometimes asked to review your wounds and the ward staff will arrange this if it is required.

Is there anything I should look out for when I go home?

If you experience any of the following symptoms you should seek medical advice either from your GP or A&E.

- Your abdomen (tummy) has suddenly become very hard and swollen
- You have not passed any wind from your bottom for several hours and not had your bowels opened
- You are vomiting and unable to keep fluids down
- You are shivering and feel cold
- You have a temperature above 37.5°C on 2 separate occasions taken 2-4 hours apart
- You have not passed urine for several hours and your abdomen feels uncomfortable
- You are unable to take a deep breath because of pain
- Your wound has become very red and inflamed and is leaking fluid
- Either of your calves feel painful, warm to touch and swollen
Who should I contact if I have any questions or concerns?

If you have any concerns you can call:

- Your specialist nursing team on **0114 271 4015** or **0114 271 4809** (Monday - Friday, 8.00am - 5.00pm)
- Your GP
- Your hospital doctor

Where can I find more information?

The Beating Bowel Cancer charity provides information about surgery. You can access information on their website or by calling them.

- [www.beatingbowelcancer.org](http://www.beatingbowelcancer.org)
- **020 8973 0000** (Main number)
- **020 8973 0011** (Nurse helpline)