

Colorectal Surgery - Right Hemicolectomy

Introduction

The COVID pandemic has had a significant impact on the NHS' ability to provide routine elective services. We recognise that patients are waiting longer than we would like and that it is not always possible to say when treatment will take place. This document provides our patients with information on how you can support yourself while waiting for treatment at the hospital. The guidance has been written by the clinicians who are responsible for your care.

Your doctor has recommended that you have a procedure called a Right Hemicolectomy to remove your bowel cancer. This information sheet will explain your forthcoming procedure and answer any questions you may have.

What does the procedure involve?

A right hemicolectomy is performed for a cancer in the right side of your colon. We would aim to do this procedure via a "keyhole" (Laparoscopic) method. This results in smaller scars, less post-operative pain and quicker recovery. Occasionally, this method may not be possible particularly if you have had multiple previous abdominal operations. In this instance, an incision is made in the middle of your abdomen. The operation is performed under General Anaesthetic.

The caecum, ascending colon and part of the transverse colon will be removed during the procedure, along with the "fatty tissue" (mesentery) of the right side of the colon which contains the blood vessels feeding this part of the colon. The two ends are then joined back together. The operation usually takes a couple of hours. The length of stay varies depending on your recovery, but on average is around 4-5 days.

The tissue that is removed is then looked under the microscope by our Histopathologists. The results of this would determine the stage of your cancer and if you require any further treatment.

My Planned Care Patient Information Platform

What are the common risks and complication from the operation?

As with any major surgery, complications can occur, which can slow your recovery. The commonest complications are:

- Infection- this can be related to your wounds, chest or urinary tract. Once identified, these are usually treated with antibiotics.
- Bleeding- this can occur either at the time of surgery or during your recovery. You may require a blood transfusion.
- Inadvertent damage to other structures such as the small bowel
- Anastomotic leak- this is leakage from the joined-up bowel. If this occurs, you may require further surgery.
- Ileus- Following any abdominal surgery, your bowel may go “on strike”. It may take a few days for your bowels to get moving.
- Clots in your legs or chest- this can develop following any surgical procedure. We attempt to reduce the risks by asking you to wear special stockings whilst in hospital. You will also be given a daily injection of an anticoagulant daily to reduce the risks. We would ask you to complete a four week course of these injections.

What happens before the operation?

After you've seen the doctor and been given the diagnosis and treatment strategy, you will have an opportunity to discuss the diagnosis and treatment once again with a Colorectal Clinical Nurse Specialist. You will be provided with their contact details should you have any concerns or questions.

Prior to surgery, you will be booked into a Pre-Assessment clinic to confirm that you are fit enough for a general anaesthetic. This clinic is run by specialist nurses with input available from Consultant Anaesthetists. Depending on your pre-existing medical conditions, you may be referred for cardiac or lung tests prior to proceeding with surgery.

In the current Covid climate, you may be asked to self-isolate prior to your procedure and undergo a PCR test a few days before your date of surgery. Admission is arranged on the day of surgery and you will be seen by your surgeon, anaesthetist and clinical nurse specialists before your procedure.

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What happens after the operation?

You will be taken to the recovery unit in theatres. Once the anaesthetic has worn off, your pain under control and your observations all satisfactory, you will be transferred to our surgical ward. Occasionally, in high risk patients, we would arrange transfer to a HDU for observation. You may also notice a number of tubes (catheter, epidural, wound drains, intra-venous lines) coming out of your body.

Whilst on the ward, you will be reviewed daily by the surgical team. You will also see Clinical Nurse specialists, physiotherapists and dieticians should this be required. Once your pain is under control with tablets, your bowels are opening and you're eating and drinking, you will be discharged home. We will arrange to see you in clinic usually within a fortnight, to discuss your pathology results. We may need to refer you to our Oncology colleagues to discuss chemotherapy.

Should you have any new symptoms, problems or concerns either before or after your operation, then please contact the Colorectal Cancer Clinical Nurse Specialists assigned to you or you can contact your Consultant via their secretary on the numbers below.

Contact Us

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