MEDICAL PROCEDURES

Right Hemicolectomy

Sussex Surgical Specialists

A right hemicolectomy is an operation where the first part of the colon is removed – the right side. The two ends of bowel (small bowel and large bowel) are then joined together. The information below details the treatment for bowel cancer since this is usually the most complex condition treated with this operation. The operation may be undertaken for a variety of other conditions notably Crohn's disease and the majority of the information remains pertinent. The operation is performed via an incision made down the centre or across the right side of the abdomen. The usual stay in hospital for this operation is between seven days and two weeks, depending upon how quickly you recover.

What happens before the operation?

You will have specific tests to ensure your fitness for surgery, which are not directly related to the treatment of the tumour itself. These include blood tests, x-rays and an ECG of the heart. These tests will be organised by your surgeon and his team. The purpose of this visit is to spot any abnormalities well in advance of surgery and to make sure that there are no delays prior to timely, successful completion of your operation.

What happens just before the operation?

You will be admitted to one of the surgical wards. A senior nurse will complete the admission process detailing your current condition, ongoing medical problems and medications as well as personal details such as next of kin. You will be permitted to eat up until six hours before surgery and drink clear fluids at the discretion of the doctors, usually up to two hours before the operation. An Anaesthetist will visit you prior to your surgery to discuss the nature of your anaesthetic and methods of pain control both during and after the operation. Your surgeon will visit you and discuss the operation again, asking you to sign a consent form once you are happy that all your questions have been answered and the risks and benefits have been explained to you.

What are the complications of the operation?

Although there are infrequent risks attached to this operation the nature of the surgery means that these may be significant and on occasion life threatening.

Infection – Chest, Urinary Tract, Wound and Pelvis

The nature of the surgery means that infections are the most commonly encountered complications after such operations. They are usually quite successfully treated whilst you are in hospital recovering from surgery. Chest infections are best avoided by early mobilisation and regular breathing exercises, which will be taught to you by the Physiotherapists on the ward. Infections of the urinary tract occur as a result of catheter insertion during the time of surgery and this tube, which drains urine from the bladder, will be removed at the earliest possible time. Wound infections are usually treated with antibiotics in combination with opening or drainage of part of the wound's skin closure. Abdominal or pelvic infections are less common and more complex to treat.

Bleeding

Major surgery such as bowel surgery involves division of some major and many minor blood vessels. Although meticulous care is taken to prevent bleeding it is a recognised but small risk of such operations. It may require a return to the operating theatre.

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Anatomic Leak

The join between the two healthy parts of the bowel ends that has been created by your surgeon may on occasion fail to heal. The rate of this occurring is between 4% and 6%. Should this be the case you may require further surgery whilst you are in hospital, often with the creation of a temporary stoma (colostomy or ileostomy).

Blood Clots – Legs, Lungs, Brain and Heart

Operations on the abdomen such as Right Hemicolectomy increase the chance of clots developing in the deep veins of the legs and pelvis. Should they become dislodged they may impact in the lungs, which is known as a pulmonary embolus. Similarly blood clots that may form in the arterial system for a variety of reasons, this can result in heart attacks and strokes. All of these conditions are generally successfully treated whilst in hospital but in extreme cases can be life threatening. The best way of avoiding such problems is by administration of medication to thin the blood during your hospital stay and with early mobilisation shortly after surgery.

What will happen after the operation?

- A wound on your abdomen will be closed with either stitches or clips and covered with a dressing.
- You will have one or more intravenous drips providing you with fluids since it may be a day or so before you can resume full and normal diet.
- You may have a tube in your nose, which passes down to the stomach. The aim of this tube is to prevent fluid accumulating there and making you feel sick before normal stomach emptying resumes a few days after your operation.
- You may have a drain (a small tube), which drains any unwanted fluid from the abdominal cavity.
- You may have an epidural pump into the back or a patient controlled push button, which will both provide you with pain relief.
- It may take up to a week to get rid of all these tubes and drips during which time nurses on the ward will help you to wash and move in and out of bed
- You will be given fluids and food t to take by mouth at the discretion of your surgeon. After several days your bowels will start functioning, because of the nature of the operation the motions will be slightly looser, this is entirely normal.
- Some discomfort after surgery is normal but pain and nausea can be treated and even avoided altogether if doctors and nurses on the ward are informed about these problems by you.

The take home message is not to suffer in silence with any of these conditions. Avoidance of nausea and pain leads to earlier return to bowel function, improved mobility and decreased post-operative complications. No ward staff will be put out or offended by any request for assistance or pain relief at any time. Should the prescribed measures not have the desired effect within a short period of time then do not hesitate to ask anyone at hand again for stronger or different medication.

What happens next?

After your operation the affected segment of bowel will be very closely examined by Pathologists under a microscope. The time to process such large tissue samples and examine them on a microscopic level takes between seven and ten days. Of course everyone would wish that we had answers to questions regarding the nature of the disease much more quickly. Your surgeon will be able to tell you the results of this microscopic examination as soon as the results are made available to him.

Around the half of the patients undergoing this kind of surgery do not require any further treatment. For the other half chemotherapy may be recommended to reduce the risk of a bowel cancer returning at a later date. Your surgeon will discuss your case on with colleagues in the Department of Pathology, Radiology and Oncology (radiotherapy and chemotherapy) at weekly meetings, where a subsequent treatment program may be constructed to suit your individual case. You may be aware of this treatment plan whilst in hospital or informed of it at your first clinic appointment after discharge.

What happens after hospital?

How soon you go home after the operation depends on how quickly you recover from surgery and who is at home to help you. Before discharge you will be advised about diet (usually normal) and dressings as well as care of your wounds. Most people are largely back to normal at six weeks after such surgery but it may take up to three months before you can say that you are fully recovered from the operation. As you leave hospital your General Practitioner will be informed of your treatment and the plans for your follow up. You will be given or sent an appointment to be seen in the outpatient department by your surgeon between two and six weeks after discharge.

How will I feel when I go home?

Initially it is not unusual to feel very tired following your operation. Some people feel more exhausted than they felt in the hospital. It is also common to feel depressed. This is normal and often a reaction to the operation, your diagnosis and being in hospital. As time goes on, you will feel better.
It is important to rest initially when getting home, but it is equally important to gradually increase your activity. Listen to your body and stop when you begin to tire. You are advised not to do any heavy lifting for four weeks after the operation.
Driving should be avoided for at least two weeks. The main area of concern is your ability to perform an emergency stop. Check with your car insurance company regarding the cover you have following a major operation.

Who can I talk to?

The surgery that you are about to undergo is major and clearly there are significant fears and anxieties experienced by every patient. These are best allayed by asking someone involved in your care whatever you would like to know or are unsure about. Similarly close family members may be as or more anxious than you are but there should be many opportunities for them to discuss your treatment at any stage with the professional involved in your care.

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