Anterior resection

Information and advice for patients

Your Operation Explained

Information for Patients

This leaflet tells you about the procedure known as an Anterior Resection.

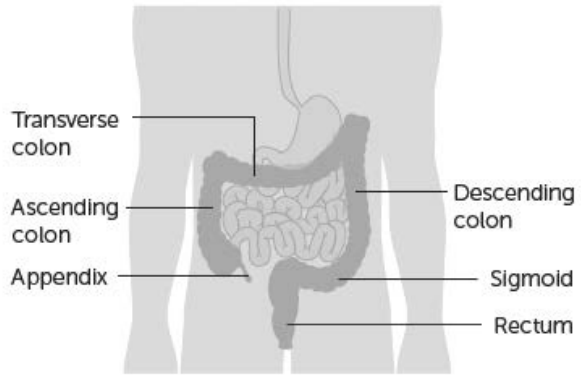
It explains what is involved, and some of the common complications associated with this procedure that you need to be aware of. It does not replace the discussion between you and your doctor but is designed to help you to understand more about what is discussed.

During your treatment you may be offered a research trial, if this appropriate to you the Specialist Research Nurses or Consultant will discuss this with you.

The Digestive System

To understand your operation it helps to have some knowledge of how your body works (see diagram below).

When food is eaten it passes from the mouth down the oesophagus (food pipe) into the stomach. Here it is broken down and becomes semi-liquid. It then continues through the small intestine (small bowel), a coiled tube many feet long where food is digested and nutrients are absorbed.



The semi formed liquid is then passed into the colon (large bowel), a wider, shorter tube, where it becomes faeces (stools). The main job of the colon is to absorb water into our bodies making stools more solid. The stools then enter a storage area called the rectum. When the rectum is full, we get the urge to open our bowels. The stools are finally passed through the anus (back passage) when going to the toilet.

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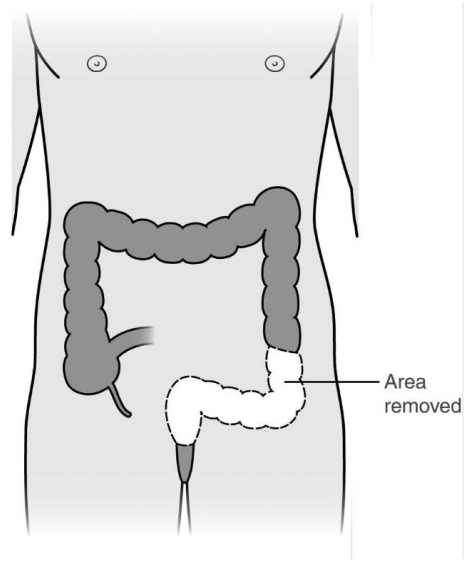
What is a Anterior Resection?

This operation is necessary to remove the area of bowel that is diseased.



(This image was produced by Macmillan Cancer Support and is reused with permission).

A cut will be made in your abdomen (tummy) and the surgeon will remove the diseased area of the bowel and a length of normal bowel either side of it. This is to help ensure a clear margin; meaning all the cancer in the bowel is removed and none is left behind at the edges. Lymph nodes that are close to the bowel will also be removed. The lymph nodes are glands that collect toxins including cancer cells.

The two ends of the healthy bowel are then joined by stitching or stapling them together, this join is called an anastomosis.

A small plastic tube called a "drain" which will take the fluid out the tummy after surgery may be passed through the skin and be stitched in place.

The wound on the abdomen will be closed either with clips or stitches. Most stitches are dissolvable and do not have to be removed but occasionally non-dissolvable stitches or clips are used and any visible stitches or clips are removed after about 7 to 12 days.

It may also be necessary to have a temporary stoma fitted to divert stools away from the surgical join in the bowel whilst it heals. A stoma is an opening onto the skin which is formed during surgery by stitching a section of the bowel onto the abdomen. Stools that come out of the stoma are collected in a bag that covers it. A colorectal nurse will discuss this with you beforehand and also mark a suitable site on your abdomen in case a stoma is necessary.

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Should a stoma be necessary, a second operation to reverse the stoma may be performed so the stools pass through your anus in the normal way again. The timing of the reversal is variable but is often a few months after your first operation. The timing will be discussed with you and your surgeon and colorectal clinical specialist nurse.

Before your operation, your surgeon and colorectal clinical specialist nurse will carefully explain the procedure involved, although details will vary according to each individual case. You will need to sign a consent form to confirm that you have understood and agree to have surgery. In some cases the need for a permanent stoma may be necessary this will be discussed with your surgeon.

Anterior resection may be offered as a laparoscopic surgery. This is known as keyhole surgery. The aim of this type of surgery is to:

- Reduce your hospital stay.
- Reduce discomfort following surgery.
- Minimise scarring.

The risks remain the same as that of open surgery.

What are the benefits of this procedure?

The operation aims to remove the diseased bowel.

In most cases this will give you the best chance of a cure or significant improvement in your bowel problems. Your surgeon will discuss this with you in more detail.

What are the alternatives?

If the treatment has been recommended by your surgeon as the best treatment, not having this surgery may lead to a further decline in your health. Depending upon what is wrong with you, you may develop a blockage of the bowel, leakage from the bowel into the abdomen or an abscess all of which can be life threatening. If you have cancer the longer it remains the more likely it will spread and be incurable.

For most of the conditions where this surgery is advised, the only alternative is medical treatment with drugs. Where there is a cancer of the bowel, drug treatment alone will not cure the disease. Your surgeon will discuss any queries you may have.

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What risks are there in having this procedure?

Most people will not experience any serious complications from their surgery. However, risks do increase with age and for those who already have heart, chest or other medical conditions such as diabetes or those overweight or smoke.

Removing part of the bowel is a major operation. As with any surgery there are risks with the operation which include:

- **Anastomotic leak**
  Sometimes the anastomosis (join in the bowel) leaks. Treatment with antibiotics and resting the bowel are generally enough. This may be a serious complication which needs further surgery and formation of a stoma.
- **Ileus (paralysis of the bowel)**
  Sometimes the bowel is slow to start working after surgery which causes vomiting and delays you from eating and drinking normally in hospital. If this happens the bowel may need to be rested and a drip (a tube in your vein in your arm) is used to replace fluids (instead of drinking). In addition, you may need a nasogastric tube (tube in your nose which passes into your stomach) so that fluid in your stomach can be drawn off. This helps to prevent nausea and vomiting and remains in place until the bowel recovers. Sometimes further surgery is required but this will be discussed with you if it becomes necessary.

After any major operation there is a risk of

- **Bleeding**
  A blood transfusion may be needed during or after surgery. Very rarely, further surgery may be required.
- **Chest Infection**
  You can help by practising deep breathing exercises and following the instructions of the physiotherapists. If you smoke, we strongly advise you to stop, for advice and guidance please call stop smoking helpline on 0300 123 1044.
- **Wound infection**
  There is a risk that your wound may become infected. Antibiotics are given to reduce the risk of this happening.
- **Thrombosis (blood clot in the leg)**
  Major surgery carries a risk of a clot forming in the leg. A small dose of a blood thinning medication will be given by injection (Clexane), until 28 days after your surgery. You will be

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given a supply to take home. The nurses will teach you or a relative how to do this or you may have a district nurse. You can help by moving around as much as you are able and in particular regularly exercising your legs. You will also be fitted with some support stockings for the duration of your hospital stay.

- **Pulmonary embolism (blood clot in the lung)**
  Rarely a blood clot from the leg can break off, and become lodged in the lungs
- **Risk to life**
  Surgery for bowel cancer is classified as major surgery. It can carry a risk to your life. Your surgeon will discuss this risk with you.

What are the longer term consequences of treatment?

Nerve Damage and Sexual Function
The operation is very close to the muscle in the anus called the
anal sphincter. This may become bruised causing a loss of sensation which occasionally leads to slight incontinence of wind and/or stools in the early days after your operation. The operation is also very close to the bladder and nerves responsible for sexual function. Bladder and sexual function may be disturbed although the risk is small and often temporary. There is also a risk of damage to the surrounding structures or adjacent organs, the Urethra (tube draining urine from the bladder out of the body) or Prostrate (in Men). As a result, some men may have problems with an erection and ejaculation, and in women sexual response may be affected and may experience pain when having sexual intercourse. Some may also have problems passing urine in the first few weeks after surgery, which generally resolves as the swelling around the operation site settles. Please discuss with your surgeon.

Bowel Function

After any major bowel operation the function of the bowel can change.

You may experience:

- Difficulty controlling wind.
- Urgency or difficulty with bowel control.
- Loose stools or diarrhoea.
- Anterior resection syndrome (see below).

In most people, these improve with time but can take many months to settle down. You may sometimes need medication to help you control your bowel. Please do not hesitate to contact your colorectal nurse for advice.

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Anterior Resection Syndrome

Anterior resection syndrome is a collection of bowel symptoms commonly experienced after surgery for rectal cancer that causes changes in the structure and function of the large bowel in the first few months after surgery. The symptoms vary from person to person.

Symptoms can include:

- Frequency to open your bowels.
- Urgency to open bowels.
- Incomplete evacuation.
- Loose stools.

You will be referred to a faecal incontinence and constipation healthcare (FINCH) specialist nurse who will arrange an outpatient appointment for assessments, support and guidance.

If you require a stoma

Your surgeon should have discussed with you whether you need a stoma as part of your surgery, either on a temporary or permanent basis. If this is necessary you will meet the stoma care specialist nurses before your operation who will give you information on the type of stoma and how to look after it. They will meet you the morning of your operation and mark a suitable site on you abdomen, a guide for the surgeons to position your stoma, this is so you can see your stoma and it won't obstruct how you wear your daily clothes.

The stoma care team and the ward staff will support you regularly on the ward during your hospital stay and teach you how to look after your stoma, give you supplies, and explain how to obtain further supplies of equipment on discharge. If you have any problems please contact your stoma/colorectal nurses on 0121 507 3376.

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Before your operation

What can you do? (prehabilitation)
While you are waiting for your operation, it is important you try to prepare yourself physically. If you can, try and eat a well-balanced diet including meat, fruit and vegetables. Take gentle exercise such as walking and get plenty of fresh air. If you smoke, we strongly advise you to stop.

What to Expect for the Hospital

Pre-Admission clinic
To plan your operation and stay in hospital you may be asked to attend the hospital for a health check a week or two before your admission. This can take about two hours. If you are taking any medication please bring them with you.

A doctor or nurse will listen to your chest, check your blood pressure and may send you for other tests, for example, a chest X-ray and ECG (electrocardiograph-a tracing of your heart). This information will help the anaesthetist plan the best general anaesthetic for you. Blood will also be taken to check for any abnormalities so that these can be corrected before your operation.

A nurse may ask you questions relating to your health and to your home circumstances. If you live alone and have no friends or family to help you, please let us know and we will try and organise some help or care for you. A social worker may come to discuss these arrangements with you.

Anaesthetic Pre-Assessment Clinic
Pain relief will be discussed with you by the anaesthetist. You may be given analgesia (painkillers) through an epidural (tube in your back) or through a drip in your arm in the form of a PCA (patient controlled analgesia) hand held pump. This means you control the amount of painkiller you require. If you would like to talk about this further, please ask the wards staff to contact one of the pain management nurses.

Preparing your Bowel for an Operation
There are a number of different ways to prepare your bowel for the operation. Your doctor will discuss which option is best for you.

- You may be asked to follow a special diet for a few days.
- You may need to take a mild laxative for a couple of days.
- You may need a stronger laxative the day before surgery.

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- You may be given supplements drink.
- You may be given an enema on the morning of your operation.
- You may not need any of the above.
- It is important that you drink plenty during this time to prevent dehydration. Unless you are advised otherwise, you must stop eating 6 hours before your surgery and can then drink clear fluids (such as water or squash) until 2 hours before your surgery. This is to allow your stomach to empty and prevent vomiting during the operation. Any important medication needed within 2 hours of surgery may still be given with a small amount of water.

Day of your Surgery

You will usually be asked to attend the SDU (surgical Day Unit) at Sandwell Hospital the morning of your surgery, unless your surgeon or anaesthetist decides otherwise, in which case they will provided you with the details.

You will be checked by the ward nursing team and meet the surgeon and the team – colorectal CNS (clinical nurse specialist), anaesthetist, and research nurse.

A ward nurse will take you to theatre, where the surgical team will go through the surgical safety checklist with you.

Your operation will usually take between 2 and 4 hours.

After you operation

After your operation you may be on an Enhanced recovery programme. The programme aims to help you to recover from your bowel surgery and regain your independence as quickly as possible.

There is good and well researched evidence that eating, drinking, and moving around soon after your operation, and having good control of your pain helps with, and speeds up, your recovery. Therefore, the programme emphasises these aspects of your recovery and focuses on how you can help yourself after your surgery. It aims to help you leave hospital and return to your normal activities sooner than you would have if not following the programme. You will not be going home until you are deemed fit to do so by both your medical and nursing teams.

Immediately after your surgery you may have a number of tubes attached to your body, you may have:

- An intravenous infusion (drip tube), usually in your arm to feed you with fluids and often to give drugs as well.

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- A catheter (tube) in your bladder to drain urine.
- A tube either in your arms (PCA) or in your back (epidural), slowly releasing painkillers.
- Drainage tubes at the site of your operation to clear away any oozing fluids around the operation site inside.
- Continuous oxygen delivered by face mask or a small tube placed to your nose.

Most of the tubes are put in place while you're under anaesthetic. Over a period of two to three days many or all of these tubes will be removed. People recover from surgery at different rates. The average stay in hospital is four to eight days but you may need to stay in longer. This will be discussed with you by your surgeon or colorectal nurse.

When can I start to eat?

Your bowel function may rapidly return to normal. Most patients should be able to have a drink when they wake and should be allowed to eat soon after. If you have any questions about your diet, please ask your colorectal nurse who can advise you. Eating a balanced healthy diet after your surgery will help your recovery. You will be given additional supplement drinks to make sure you are getting all the energy and nutrients you need.

When can I start to move?

You will be encouraged to move as soon as you wake up and you feel comfortable to do so. If you are uncomfortable, members of staff will be on hand to help get you more comfortable and to give any pain killers to help with this. Moving early after an operation can help stimulate your bowel to work and reduce the risk of the muscle weakness, infection and blood clots. The ward physiotherapy team will review you after the operation and help with movement of your muscles and lungs.

Intensive Care

Some patients who have existing medical and health problems will be admitted to the intensive care unit after their operation. This is for close monitoring of particular body systems such as your heart, lungs and kidneys that can be affected by your surgery and anaesthetic. You will usually be seen in advance of your operation by a specialist anaesthetist to discuss this in more detail if it is necessary.

Discharge home

Following your operation you may feel tired and weak, your full recovery may take several months, and there is no need to stay in hospital. Many people report that they feel better

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sooner at home. You will need to make sure that there is someone to help with getting meals, cleaning your home and shopping. Some people report that it takes them many months to feel completely back to their normal selves, others recover much more quickly.

Following your surgery you may have a 28 day course of Clexane injections to help thin your blood. You will begin the course of injections in hospital and you will be discharged with the remainder of the dose to administer at home. The ward staff will either teach you or a relative to administer these. For those that can't, a district nurse will be arranged on discharge. Please discuss with the ward staff or colorectal nurses if there are any problems.

For the first week or so at home you may find that you tire easily. Try to alternate light activity with periods of rest. A short rest in the day is often helpful during the first 2 to 3 weeks after being home. It is unwise to stay in bed for too long though as this slows down the circulation of the blood and increases the risk of developing a thrombosis.

Try to take some gentle exercise, like walking around the home or garden. For the first 6 weeks do not lift anything heavy such as shopping or wet washing, or do anything strenuous like digging the garden or mowing the lawn.

You should not drive until you can safely do an emergency stop. You may wish to discuss with your GP, before driving again. It is also advisable to check your car insurance policy, as there may be a clause in it about driving after operations.

Pain and discomfort

You may feel some pain and 'twinges' around your wound for several months. This is normal as it takes a while for full healing to take place. Taking a mild pain killer regularly will help you feel better and aid your recovery. If the pain does not seem to improve or you are worried, contact your GP or colorectal nurse.

Returning to normal activities

The length of time between your return to work following this type of surgery will depend upon the type of work you do. Ask your GP or surgeon for advice.

You may resume sexual activity when comfortable for you. If you are unsure, please speak to your GP, surgeon or colorectal nurse.

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Follow-up

Within a few weeks you will normally be sent an appointment to see your surgeon. The piece of bowel that will be removed will need to be examined under the microscope by the pathologist which could take 10-14 days. Your further treatment and follow-up will be guided by the results of the microscope examination.

An outpatient appointment may be arranged or a telephone consultation can be arranged to give you the results.

If you experience any problems please contact the colorectal nurses or your GP.

Contact Details

Sandwell and West Birmingham NHS Hospital Trust
Lyndon
West Bromwich
B71 4HJ
0121 553 1831

Colorectal/Stoma Department
Direct contact number 0121 507 3376 (answer machine service)
Monday – Friday 8am-4pm

Consultant Secretary Numbers
Monday – Friday 8am – 4pm

Mr Peravali - Wendy Blackford 0121 507 3393
Mr Thompson - Jayne Vaughan 0121 507 3394
Mr Thumbe - Jane Jones 0121 507 3459
Mr George - Lesley Jordan 0121 507 3226
Mr Rout - Ofsana Parveen 0121 507 3399
Mr Sarma - Wendy Blackford 0121 507 3393
Mr Mankotia - Michelle Hadley 0121 507 3968

Support Groups

Bowel Cancer UK
Beating bowel cancer provide medical advice to patients through a specialist nurse advisor line.

Telephone: 020 7940 1760
Email: *nurse@bowelcanceruk.org.uk*
Website: *https://www.bowelcanceruk.org.uk/*

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Patient Voices

The patient voices group is part of beating bowel cancer and is the only UK national patient-to-patient network for people with bowel cancer. The group has also expanded to include close relatives of bowel cancer including patient to patient support, raising awareness, and fundraising.

Telephone: 020 7940 1760

Website: *http://www.bowelcanceruk.org.uk/how-we-can-help/real-life-stories/*

The Association of Coloproctology of Great Britain and Ireland (ACPGBI).(2022)Anterior resection: patient information. Available at: https://www.acpgbi.org.uk/patients/procedures/7/anterior_resection

[Accessed on: 27 January 2022]

Macmillan Cancer Support
Telephone: 0808 808 00 00
Website: *www.macmillan.org.uk.*

Local sources of further information

Sandwell and West Birmingham Hospitals NHS Trust
The Courtyard Centre
Sandwell General Hospital (main reception)
Lyndon
West Bromwich
B71 4HJ

0121 507 3792

At the centre, we offer free information and access to support services for anyone affected by, or concerned about cancer.

Whitehouse support Group
The White House
10 Ednam Road
Dudley
DY1 1JX

01384 231232

info@support4cancer.org.uk

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White House Cancer Support are a charity providing practical help, emotional support and information to people with cancer, their families, friends and carers across the Black Country. Our service is co-ordinated by a small staff team assisted by volunteers, some of whom have personal experience of cancer.

The Patrick Room
Cancer Centre
Queen Elizabeth Hospital
Mindelsohn Way
Edgbaston
B15 2GW

0121 371 3539
cancerinfo@uhb.nhs.uk

The Patrick Room, at the Cancer Centre at the Queen Elizabeth Hospital, provides information and support to people with cancer and their families in a relaxed and friendly atmosphere. A professional and experienced team, which is supported by trained volunteers that deliver the service.

The Patrick Room is a drop in centre which provides a comprehensive library with leaflets and books as well as access to the internet.

The centre is open 10:00-16:00, Monday to Friday.

Shine Cancer Support
Website: *https://shinecancersupport.org/*
Email *hi@shinecancersupport.org*
07804479413

Shine is a UK charity that supports adults in their 20s, 30s and 40s who have experienced a cancer diagnosis. There is never a good time to have cancer, but we know that younger adults face different issues than their older or younger counterparts – and that many of these are not dealt with by traditional cancer support charities and services. Every adult in the UK living with cancer in their 20s, 30s or 40s can access the help and support that they need in a way that suits their lifestyle, and that they are part of a confident, supportive and empowered community of young adults living with cancer. We do this through a range of activities including lunches and drinks evenings, beach walks, multi-day getaways, workshops, online networking, and mentoring.

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We are a smoke-free site: smoking will not be allowed anywhere on the hospital site. Anyone smoking on the site will be issued with a £50 fine, and this includes smoking in cars on our premises.

For advice and support in quitting, contact your GP or the free NHS stop smoking helpline on 0800 011 4656 for Patients living in Sandwell, for patients living in Birmingham please contact your GP practice for smoking cessation.

If you would like to suggest any amendments or improvements to this leaflet please contact SWB Library Services on ext 3587 or email *swbh.library@nhs.net*.

Health & care information you can trust

The Information Standard Certified Member

A Teaching Trust of The University of Birmingham
Incorporating City, Sandwell and Rowley Regis Hospitals

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