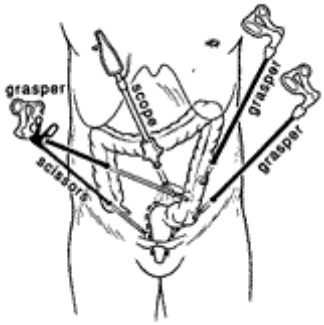
LAPAROSCOPIC COLECTOMY

Laparoscopic colon surgery is a technique whereby the colon can be removed using several small incisions. Traditionally, removal of the colon has been accomplished using one larger incision.
The use of smaller incisions leads to:

- Less pain after surgery;
- May result in a faster return to solid-food diet;
- May result in a quicker return of bowel function;
- Less time in the hospital;
- Improved cosmetic results;
- Quicker return to work and full activity;
- Lower incidence of incisional hernia in the long term;
- Lower rate of adhesion formation.

This specialized procedure cannot be performed on all patients who need colon surgery.



LAPAROSCOPIC COLECTOMY - PRIOR TO SURGERY

Depending on your age and medical condition you may be required to undergo preoperative testing. This may include blood work, x-rays, and an ECG. The office will arrange this and give you instructions when you schedule your surgery.

On the day prior to surgery:

- Drink only clear liquids:
  Clear liquids include:
  · Water;
  · Apple juice;
  · Tea or coffee(no milk);
  · White grape juice;
  · Energade;
  · Clear chicken or beef soup (without pieces of food);
  · Plain Jelly (no added fruit).

The day prior to surgery you will often be required to take a regimen to clean out your colon. This regimen is designed to decrease the likelihood of getting an infection so it is very important that you follow the instructions for the bowel prep.
It is very important that you do not eat or drink anything after 22H00 the night prior to surgery. This includes coffee, water, mints, gum, and candies. You may ingest only a small sip of water with your morning medications.
When your booking were made you were advised when to arrive at the hospital.
The patients should bath or shower the night/morning prior to surgery [thoroughly clean the umbilicus (belly button)].

It is important to notify the doctor of all the medication you use especially blood thinning medicine i.e. Warfarin, Clopidogrel because these need to be stopped a few days prior to surgery.

LAPAROSCOPIC COLECTOMY - CONDUCT OF THE OPERATION

Using the inserted instruments the attachments and blood supply of the colon is divided and the colon is mobilized. The colon is extracted and the remaining ends of the colon are reattached. The incisions are closed with clips or absorbable sutures. The wound are covered with small waterproof dressings that should be kept in place for 5 to 7 days and should only be replaced if wet or soiled. The dressing should be able to withstand a few splashes of water but should not soak for 14 days.

LAPAROSCOPIC COLECTOMY – RECOVERY

The average length of stay is 3.5 days. Patients can resume light daily activity immediately. Most patients after laparoscopic surgery will experience a sharp shoulder pain that resolves after 2-4 hours. It is important that patients get out of bed and go for a walk as soon as possible (the night of surgery), to improve lung function and decrease the risk of abnormal blood clots. The average patient will require 1-2 weeks recovery before resuming more vigorous activity. There is no forced limitation of activity, instead patients are asked to advance their activity as tolerated. This applies to the resumption of work, sports, and sexual activity.

- Patients are allowed nothing by mouth (NPO) the night after surgery. The morning after surgery they are given a clear liquid diet. Patients stay on a clear liquid diet till they have a bowel movement which normally occurs approximately 3-5 days after surgery. Patients are encouraged to contact the office if they have any questions or problems. The wound is

covered by a waterproof dressing for 5 to 7 days. The wound should be kept dry for two weeks. Change the dressing if it becomes soiled or wet.

If you notice the following contact my consulting rooms or emergency department at the hospital:

- Persistent fever over 38°C;
- Bleeding from the rectum;
- Increasing abdominal swelling;
- Pain that is not relieved by your medications
- Persistent nausea or vomiting;
- Chills;
- Persistent cough or shortness of breath;
- Purulent drainage (pus) from any incision;
- Redness surrounding any of your incisions that is worsening or getting bigger;
- You are unable to eat or drink liquids.

Patients experiencing any difficulty breathing, chest pain, change in level of consciousness, or loss of vision or strength should promptly call for transport to the nearest emergency department.

LAPAROSCOPIC COLECTOMY - SUCCESS RATE

Any patient who undergoes laparoscopic colon surgery may need to be converted to the open surgery. The risk of this varies significantly depending on the location of the colon that needs to be removed, the size of the abnormality to be removed and a variety of patient factors. (Previous surgery, medical condition, weight) estimate of the likelihood of completing the surgery laparoscopically can be discussed during the preoperative consultation.

• Obesity;
• A history of prior abdominal surgery causing dense scar tissue;
• Inability to visualize organs;
• Bleeding problems during the operation;
• Large tumours.

LAPAROSCOPIC COLECTOMY - RISKS

Risks of both open and laparoscopic colon removal include:

- Conversion to open procedure;
- Injury to nearby structures: including intestines, spleen, and the tube that brings urine from the kidney to the bladder~ 2%;
- Bleeding;
- Infection in the wound;
- Deep infection within the abdomen;
- Leakage from the connection of the colon (Anastomotic leak). ~ 2 %;
- Blood clots to the lungs.

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