Open Abdomino-Perineal Resection Operation

Patient Information

Colorectal Surgery
Your surgeon has informed you that you need an operation in the form of an Abdomino-Perineal Resection. Whilst you will have received some written and verbal information in the out-patient clinic from the surgeon and the colorectal (stoma) nurse specialist about the risks and complications of this operation, this leaflet aims to give you information about what will happen before surgery, your stay in hospital and advice for when you go home.

**What is an Abdomino-Perineal Resection?**
Abdomino – refers to the abdomen
Perineal – refers to the area around the back passage (anus)
Resection – refers to the surgical removal of something

**Benefits**
This operation is performed to remove disease which is very low down in the large bowel. To completely remove the diseased area, the anus and surrounding skin needs to be removed too.

**Alternatives**
The alternatives to this operation would have been discussed with you previously in clinic.

**Risks**
Your specific risks will have been explained to you before you sign the consent form but general risks of surgery include the following:

- mortality (the risk of dying)
- medical complications i.e. heart attack, stroke, breathing problems
- bleeding
- infection
- pain
- deep vein thrombosis/pulmonary embolism

The risks from this procedure are:

- damage to the nerves responsible for bladder and sexual function
- wound infection

**What does the operation consist of?**
A cut is made in the abdomen and the back passage (anus) and the lower large bowel is removed and a colostomy (stoma) is formed on the abdomen. Body waste will be collected from the stoma in a pouch which will need to be changed on a daily basis.

**What will help me cope with having a colostomy?**
Some find having a colostomy difficult to come to terms with. The colorectal (stoma) nurse specialist will have met you already, to give you advice and is there to help you and your family with any concerns you have.
Pre-operative Assessment Clinic
At the clinic you will be seen by a nurse who will complete a pre-operative screening assessment. This will include taking a nursing history, anaesthetic history and organising blood tests, ECG’s and obtaining results of previous scans, x-rays etc.

Enhanced Recovery Nurse role
The enhanced recovery nurse will advise you about your particular operation. He/she will explain to you about the pre and post operative care. It will be explained to you what to expect on the ward before your operation, what will happen when you are transferred to theatre and what to expect post-operatively, e.g. intravenous infusion (drip), drains, catheter, oxygen therapy, pain relief, nutrition and mobility. The nurse may also give you carbohydrate drinks to optimise your health state while in theatre.

You will be advised to leave valuables at home. You may be seen by a doctor in the clinic, or you may be assessed on the Surgical Admissions Lounge when you are admitted. The doctor will take a medical history, complete a physical examination and obtain your consent to operate on you. If you are taking medication please bring this with you to the clinic and to the hospital when you are admitted.

Admission to hospital
You will need to book in at the Surgical Admissions Lounge, where the nurse will check your admission details, case notes and give you a wristband with your details on. The nurse will check your notes to ensure all your tests and investigation results are available.

People who will see you

The Anaesthetist
The anaesthetist will give you your anaesthetic and look after you during the operation. You will be seen by them before the operation, in order to collect details from you regarding any previous anaesthetic problems you have had, any family problems with anaesthetic, any chest history and whether you smoke.

If there have been any concerns about your health at the pre-operative assessment clinic, you may have to see the anaesthetist before coming into hospital for any extra tests to be carried out.

Enhanced Recovery Nurse
He/she will make sure you have had all necessary carbohydrate drinks, bowel preparation has been administered, pathway targets are carried out and achieved and he/she will follow you throughout your stay in hospital.

Stoma Care Nurse (Colorectal Nurse Specialist)
Before your operation you will be seen by the stoma care nurse who will explain about your stoma. She will make a mark on your abdomen for the best place for your stoma to be placed. You will need to bring with you your normal everyday clothes so that the stoma
can be sited in the best place. The stoma care nurse will teach you to look after your stoma after your operation and the ward nurses will help you until you are able to look after your stoma independently.

**Preparing for your operation**

You will be fasted for food for 6 hours and fluid for 2 hours prior to your operation.

You will be given an enema before going to theatre. This is to clear out the rectum (lower bowel) in preparation for surgery.

You will be asked to put on a theatre gown, and you will be asked to remove any jewellery except wedding ring (tape will be placed over this). Other jewellery can be safely stored for you and returned later. It is preferred that you do not bring excessive jewellery into hospital. If necessary you will be assisted to remove any false prosthesis. If you have a hearing aid or wear very strong glasses, they may be worn until you get to theatre, if it helps you. Then they will be stored safely and returned immediately after your operation.

A nurse will check that you have a wristband on with your name, ward and District number. The District number is your unique personal number. It is a safety feature. A nurse will make sure all your documentation and test results are in order and ready. A special checklist is used to ensure nothing is overlooked. You will be asked the same questions by several staff en route to theatre. These are all safety measures to double check that all is in order.

You will then be transferred from the Surgical Admissions Lounge to theatre. A nurse will escort you and you will be walked up to theatre in your dressing gown and slippers.

**The anaesthetic**

You will be transferred to the anaesthetic room where your anaesthetic will be administered via a needle in the back of your hand; this will then be connected to an intravenous infusion. If you are having an epidural pain management pump, this will be put into your back prior to you being put to sleep. You will breathe oxygen as you go to sleep and once asleep you will be transferred to theatre, where your operation will take place.

**Recovery**

Once your operation is complete you will wake up in the 'recovery suite' where you will remain for a while before being transferred back to the ward. A nurse will monitor you closely, checking your blood pressure, pulse, oxygen saturation level, wound, drains, catheter, stoma and your pain control. You will have an oxygen mask in place and this will remain for a while. You will have a drip in your arm, giving you fluid to prevent you becoming dehydrated.

You will have either a patient-controlled analgesia machine or an epidural in place after your operation to control your pain. When you are stable you will be transferred back to the ward, where you will be able to rest.
Return to your ward
The nurses on the ward will at first continue to monitor your progress very closely. They will regularly check your blood pressure, pulse, oxygen saturation level, wound, drains, catheter, stoma and your pain control.

Will I be in pain?
Most people fear this. The amount of discomfort people feel varies quite a lot. The doctors and nurses will ensure it is kept to a minimum. Any medication you need to control pain is already on the ward. It will be given promptly according to how you feel. Injections, patient-controlled analgesia or epidural, are more usual at first, then tablets later on. Please tell us if you are in pain. Some patients find that methods of relaxation such as listening to quiet music or “controlled” breathing also gives assistance. You will also be seen by the acute pain specialist who will review you regularly for your pain control and will address any concerns you may have.

How long will I be kept in bed?
On the day of your operation there is no reason why you cannot get out of bed, but if you do not, you will be assisted to sit up in bed as this will help your breathing. The day after your operation you will be helped out of bed to sit in a chair and mobilise several times every day to prevent post-operation complications. Over the next few days you will be assisted to move and walk around the ward increasing the distance and frequency. At first moving may be painful or uncomfortable, but this will lessen with time and your involvement in moving will reduce the risk of chest infections or clots in your legs and lungs.

When can I eat and drink?
You can eat and drink as soon as you feel able to. You will also be given nutritional supplements to increase your calorie intake.

When will the drains be removed?
The drains are usually removed when the drainage fluid is minimal, usually after a couple of days.

When will the catheter be removed?
Your catheter is usually removed three to five days after your operation or when you are able to walk around. You will need to inform the staff when you have passed urine following the removal of the catheter.

When will my stoma start to work?
The nurses will ask you when the stoma pouch has inflated with wind and when a stool has been passed. This may take up to five days. When the stoma begins to function, the stoma care nurse and the ward nurses will show you how to look after your stoma. You will need to be able to look after your stoma independently before you will be discharged home.
When can I have a bath?
On the day of your operation, the nurses will assist you to wash your hands and face and change into your nightwear. The day after your operation you will be assisted to have a bath or shower.

What about my wound and stitches?
The dressings will be left for up to five days. If you have skin staples in your abdominal wound, these are usually removed on day 10, and the perineal sutures on day 14. If you are at home the district nurse will remove them.

When can I go home?
When you are mobile, eating and drinking, relatively pain free and are able to look after your stoma independently, you will be discharged. The stoma care nurse will give you information regarding your stoma supplies and where to obtain them from.

What about work?
Going back to work will depend on how you feel and if you require any further treatment. This could be between three and six months. The type of job you do will also affect your return to work.

Sick Notes
You will be issued with a sick note in the hospital if you request one; otherwise continuing illness requires a sick note from your G.P.

Driving
You may resume driving once you can do an emergency stop without pain. We suggest you start with short local trips, gradually increasing the amount of driving you do. We suggest you do not resume driving for four to six weeks as a minimum, depending on your surgery.

Sex
You should be able to resume sex after two to three weeks, depending on how you feel.

Out-patient clinic
You will be given an appointment to return to clinic between two and six weeks after your operation. This will either be at Wigan or Leigh out-patient clinic.

District Nurse
We will arrange for the district nurse to contact you and arrange for wound checks and remove stitches. The district nurse will liaise with the stoma care nurse to support you and your family when you have returned home.
General advice
You may feel tired or have a lack of stamina for a few weeks up to a few months after your operation. Gradually increase your activity according to your limits. It may be necessary for you to have rest periods during the day.

On discharge, you will be given contact numbers of people who you can contact if you have concerns or problems. The Enhanced Recovery Specialist Nurse and Colorectal Nurses will telephone you to ensure you are ok and that you are making good progress.

Conclusion
These notes do not cover everything. However, we hope you will find them useful, and that they will help towards making your stay in hospital less worrying. Remember to try and read these notes a few times before you come in, and bring them with you on admission.

Don’t forget…….. if you have any questions, please do not hesitate to ask the nurses or doctors looking after you during your stay.
Comments, Compliments or Complaints

The Patient Relations/Patient Advice and Liaison Service (PALS) Department provides confidential on the spot advice, information and support to patients, relatives, friends and carers.

Contact Us

Tel: 01942 822376 (Monday to Friday 9am to 4pm)

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Ask 3 Questions

Become more involved in decisions about your healthcare. You may be asked to make choices about your treatment. To begin with, try to make sure you get the answers to three key questions:

1. What are my options?
2. What are the pros and cons of each option for me?
3. How do I get support to help me make a decision that is right for me?

This leaflet is also available in audio, large print, Braille and other languages upon request. For more information call 01942 773106.