

### Difficulty passing Urine

- You may find it difficult to pass urine after the catheter has been removed. This is more common if you had problems passing urine before the operation.

### Anastomotic Leak

- This may happen if the join (anastomosis) between the ends of the bowel fails to heal leaving a hole. Bowel contents leak into the abdomen leading to pain and serious illness. This often needs another operation, usually involves a colostomy.

### Questions? Make a note here

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## Right Hemicolectomy

### The Association of Coloproctology of Great Britain and Ireland

The Association's website has information for patients about a variety of bowel conditions at [www.acpgbi.org.uk](http://www.acpgbi.org.uk)

### Coloproctology Unit

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## Right Hemicolectomy

The operation is designed to remove approximately half of your large intestine. It is necessary to remove so much bowel because of the way the blood supply looks after the bowel rather than because the disease is extensive.

The two free ends will be joined together. This is what doctors call an **ANASTOMOSIS**. It is extremely unlikely that you would require a stoma after the operation. (A stoma is a false opening through the tummy so that the bowel contents are diverted into a bag). In any case if you did have a stoma it is likely that it would be for a short period of time.

## Before the operation

- You will have routine tests to ensure that you are fit enough for surgery.

## When you wake up after the operation you will have some or all of the following:

- A wound on your tummy with stitches or clips, covered with a dressing.
- A needle into a vein (a drip) to give you fluids and medicines.
- A tube in your nose that will keep your stomach empty.
- A catheter - a small tube to keep your bladder empty.
- You may have a fine tube in your neck to help measure the amount of fluid being put into your body accurately.

- You may have a drain, a small tube to clear away any oozing fluids around the operation site inside. This helps to prevent infection.
- You may have a stoma appliance (a bag) on your tummy.
- You may have an epidural (a fine tube in your back) or a pump (a line in your arm) which gives you pain relieving medicines.

It will take up to a week for all these things to be removed, during which time the nurses will help you to wash, clean your mouth and enable you to move both in out of bed.

After several days you may feel that you want to pass wind or have your bowels opened. Even if you have a stoma this is entirely NORMAL and you may pass a little old blood or mucous (slime). Please keep the nurse informed if this happens.

## Risks and complications

Risks of this operation are small and much less than the risk of doing nothing but nonetheless this is a major operation and some people (less than 5%) do not survive such surgery. All operations carry a risk from anaesthetics but this is minimal due to modern techniques.

When you first pass stool again it will be liquid and sometimes it takes several weeks or even months to get used to your new 'plumbing' arrangement, please be

patient with yourself and ask the nurses or doctors if you are worried about anything.

Occasionally some people have to adjust their dietary habits after this operation in order to keep their bowel habit regular. Please talk to one of the nurses or doctors about this if you are in doubt.

Your stoma care nurse or surgeon will discuss this procedure further with you when you sign the consent form for the operation.

## Pain

- Which happens with every operation.
- You will be given medication to control the pain.

## Bleeding

- During or after surgery sometimes you may need to have a blood transfusion.

## Infection

- Wound infection – if this happens you may need treatment with antibiotics
- Chest infection – After surgery deep breathing and physio will help prevent chest infection.

## Blood Clots

- You will be encouraged to get out of bed soon after surgery and may be given injections to reduce the risk of blood clots.