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Mid Cheshire Hospitals **NHS**
NHS Foundation Trust

Left 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

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Left 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.

After removal of the diseased portion the two free ends will be joined together. This is what doctors call an ANASTOMOSIS. Occasionally, if the surgeon is worried about the join healing you may need to have a STOMA to divert the bowel contents through a small hole in your tummy into a bag. If you did have a stoma it is likely that it would only be for a short period of time after which it could be closed so that the bowel would then work in a normal manner. You would not need a bag on your tummy after closure of the stoma.

Before the operation

- You will have routine tests to ensure that you are fit enough for surgery.
- It is likely that you will also have medicine to empty your bowel completely. This makes your bowel as clean as possible for the surgeon.
- You will have only CLEAR FLUIDS for the 24 hours prior to your operation and you MAY require a drip.

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. YOU WILL NOT BE ALLOWED TO DRINK OR EAT FOR SEVERAL DAYS as your bowel has had a “shock” during the operation and will not work properly at first.
- 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 and 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 blood or mucus (slime). Please keep the nurses informed.

Risks and benefits

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.