

## After the operation

For the first couple of days the nurses will help you with your hygiene needs, they may also change your dressings and care for our stoma. As you begin to feel better and stronger they will encourage you to do more for yourself. When your bowel begins to work or the doctors can hear your tummy rumbling you will be able to take limited fluids, this will be built up gradually then you can return to a "normal" diet. The stoma care nurse will visit you and show you how to care for your stoma. If you wish for a family member or friend to be present this can be arranged.

## Risks

- 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.
- Because of the nature of the surgery there is a risk of injury to the bladder and the pelvic nerves that affect sexual function.

Your stoma care nurse and / or surgeon will discuss this further when you are asked to sign a consent form for the operation.

Mid Cheshire Hospitals **NHS**  
NHS Foundation Trust

## Abdomino-Perineal Excision of the Rectum (APER)

### 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

Leighton Hospital  
Middlewich Road  
Crewe, Cheshire  
CW1 4QJ  
Direct Line: 01270 612047  
[www.mcmt.nhs.uk](http://www.mcmt.nhs.uk)

Heather Hughes  
Colorectal Nurse Specialist  
Tel: 01270 612047 (direct dial)



## Abdomino-Perineal Excision of the Rectum (APER)

Your surgeon has recommended that you need an Abdomino-Perineal Excision of the Rectum. This will involve removal of both your back passage and the muscles that control your bowels and it will mean that you will need a stoma permanently. This is where part of your bowel is brought onto your tummy; the waste matter from your body will pass through this and you will need to wear a bag over the stoma. As your back passage is being removed you will have a wound on your bottom as well as your tummy.

### Before your operation

- You will be admitted to hospital 1-2 days prior to your surgery. You will probably be in hospital between 12 and 14 days, but it may be a little longer.
- A number of routine tests will be carried out to ensure you are fit for surgery. (If you have attended a pre-admission clinic you may well have had these tests already.)
- You may be given some medicine to clear your bowel and you will be encouraged to drink water.

- You will only be allowed to drink clear fluids and you will not be allowed to eat any solid food the day before your operation. Some people may require a drip before the operation.
- You will have nothing to eat for at least 6 hours prior to your surgery and will be asked to stop drinking shortly before going to theatre.
- An anaesthetist will visit you and discuss your anaesthetic and various methods of pain relief.
- A stoma care nurse will visit you and mark the best place on your tummy for the stoma to be formed (i.e. where the bag will be positioned.)

### On the day of your operation

A nurse will take you to theatre and will also collect you following your operation. After your operation you will be taken into the recovery ward, where you will have your blood pressure and pulse checked. When you are properly awake you will be taken back to the ward.

On your return from theatre you may have the following:

- A needle going into a vein in your arm to give you fluid, as you will be unable to eat and drink until the bowel begins to work. This often takes a few days.
- You may have a fine tube in your neck to help measure the amount of fluid being put into your body accurately.
- A tube into your bladder to drain urine.
- A naso-gastric tube, (This is a small tube inserted via your nose to keep your tummy empty.)
- You will have a dressing over the wound on your tummy.
- You may have a drain into your bottom, and also in your tummy.
- You will have a clear drainable bag over your stoma.
- The drips and drains will be removed after a few days.

On return to the ward the nurses will check your blood pressure/pulse and wounds on a regular basis. This is completely normal.