

### **Pain:**

Be sure to take the pain medication as prescribed by the surgeon. Try ice packs and resting to alleviate the pain. Right shoulder pain is common after laparoscopic surgery. It will go away in a few days.



### **Changes in bowel movements:**

Loose stools (diarrhoea) are common after a colon resection. Give it time (approximately 6 to 8 weeks) and the colon should start to function more normally. Some people may also alternate between having loose stools and constipation.

### **Nausea:**

Nausea is common after surgery. Be sure to take pain medication on a full stomach. Stick to a soft, bland diet for the first few weeks after surgery.



### **Diet**

• A liquid-to-soft diet will be started in the hospital. Continue this diet for the first 2 to 6 weeks after surgery or as advised by the surgeon.



• Eat foods that are easy to swallow and digest, such as soup, bananas, pudding and dahi.

• Eat frequent, small meals.



• Eat more vegetables and fruits. Avoid processed meats such as bacon and ham.

### **Lifestyle modifications:**

Do not smoke or drink alcohol. Do not do any strenuous activities or heavy lifting of more than five to ten pounds for at least 4 to 6 weeks after surgery.



### **Work:**

Generally, one can get back to work 1 to 2 weeks after laparoscopic surgery and 3 to 4 weeks after an open surgical repair, depending on the type of work.



### **Talking to friends and family:**

It is common to feel low at times. Talking to friends and family should help, but if spirits don't improve, then professional help is advised.



### **Regular follow-up:**

Follow-up is important as the surgeon will check the wounds and dressing, will advise on how to manage the side effects and suggest if any other treatment is required.



## **FOR MORE INFORMATION, PLEASE CONSULT THE SURGEON.**

### **When to call the surgeon**

- Fever over 101.5 degrees.
- Persistent, increasing pain.
- Increased redness or drainage from an incision.
- Difficulty breathing.
- Uncontrolled bleeding from the incision.
- Persistent vomiting.
- Change in mental status.

## **DOs**



**Positive attitude**

**Diet as given by the surgeon**



**Eat small and frequent meals**



**Regular follow-up with the surgeon**

## **DON'Ts**



**Carry heavy weights**

**Eat red meat**



**Smoke, and drink alcohol**

**Take medications without the surgeon's recommendation**

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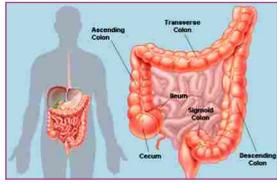
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ALL YOU WANT TO KNOW ABOUT

# **COLON SURGERY**

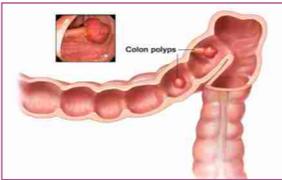
## What is colon cancer?



The colon is a muscular tube that forms the last part of the digestive tract. Semi-liquid food waste (stool) from the small intestine enters the colon. As the stool moves through the colon, the colon absorbs water and stores the waste until it is passed. Colon cancer is cancer of the large intestine or colon.

## What is a polyp and how is it treated?

In the lining of the colon, small fleshy clumps of tissue, called polyps, may form. Most polyps are benign (not cancerous), and cause no symptoms. However, over time, a polyp can change and become cancerous. Removal of a colon polyp is called colon polypectomy.

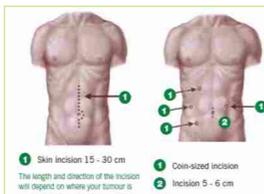


## What is colon resection surgery?

A colon resection is surgery to remove the diseased part of the colon. During a colon resection, the surgeon removes (resects) the affected piece of the colon and may be able to sew the two new ends together. The repair is designed to maintain the colon's normal tube-like shape so as to regain normal bowel movements.

Colon resection may be done as an open surgery, with an incision down the belly, or laparoscopically.

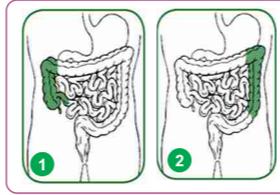
In laparoscopic surgery, the surgeon makes four or five small incisions and inserts tiny instruments and a camera to perform the surgery while he or she watches it on a video-screen.



## What are the types of colon surgery?

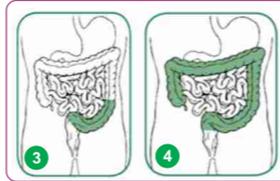
The specific type of surgery will be determined by the location of the disease being treated. The most common types of surgery are as follows:

1. **A right hemi-colectomy**, where the right half of the colon is removed.
2. **A left hemi-colectomy**, where the left half of the colon is removed.



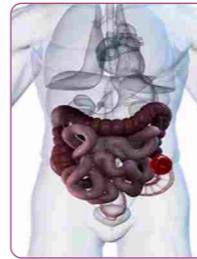
### Less common types of surgery:

3. **Sigmoid colectomy**, where the sigmoid colon is removed and the two ends are joined back together.
4. **Total colectomy**, where the entire colon is removed, resulting in a colostomy.



## What is colon resection with a colostomy?

If the cancer is extensive, the surgeon may not be able to sew the two ends. A colostomy or a new opening for the colon is then created on the outside of abdomen for the removal of waste. The colon is brought out through the opening and formed into a 'stoma'. Stool passes out through the stoma into a colostomy bag.



The Site of your colostomy (Shown in red) depends on the position of the tumour

## What should one expect before and after surgery?

- Prior to the operation, blood tests, an electrocardiogram (ECG), or a **chest x-ray** might be required so as to prove that one is fit for surgery



## Preparing for surgery



- The colon must be completely cleaned out before surgery. A number of cleansing methods may be used, including enemas or laxatives and a clear-liquid diet. A clear-liquid diet means that for 12 to

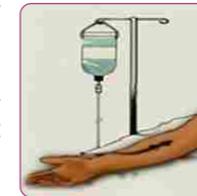
24 hours before surgery, solid foods should not be eaten. Drink only clear liquids, e.g. plain coffee and clear fruit juice.

- Take nothing by mouth after midnight on the night before surgery. This includes water. The stomach must be empty. If there are any prescribed medications take them with a small sip of water.

## After surgery

Depending on the type of surgery, one may have to be in the hospital for at least 4 to 8 days. During the stay, the colon is monitored carefully so that it starts working again.

The surgery will cause a temporary paralysis of a portion of the intestines, there by preventing food or drinks from moving forward- this is called post-operative ileus. It is, hence, important to go slow in resuming regular food intake to prevent complications. Nutrition and fluids will be given via a vein during that time (intravenous fluids).



When gas is passed, it is a sign that the colon is working again. Then, a liquid diet may be started.

If a liquid diet is tolerated with no nausea or increased abdominal pain, progress can be made to a soft diet, typically in a day or so. The soft diet should continue for 2 to 8 weeks after surgery, depending on the healing and what the surgeon instructs.

On the surgeon's recommendations, walking slowly may be started within a day or two after surgery. This will encourage circulation and the colon function will return to normal without complications.



Breathing exercises should also be started as it makes sure that the lungs are inflated completely. Doing so may cause pain in the abdomen at first but it is important to do these exercises to clear any fluid that may be in the lungs due to the surgery.

## Radiation therapy and chemotherapy

Even if all the cancer has been removed from the colon, further treatment with radiation therapy (treatment with x-rays) and chemotherapy (treatment with drugs) may be required to prevent recurrence (prevent the cancer from coming back).



## Recovering at home

Mentioned below are some tips for faster recovery. Always consult and take guidance from the surgeon in case of any query:

### Incision care:

The incision will be dressed with a sterile bandage or sterile tape. Leave this bandage on until it falls off on its own or until the surgeon takes it off. There may be some redness around the edges of the incision. However, call the surgeon if the drainage is thick and green or yellow in colour, or if the skin around the incision is increasingly red or warm to touch.

### Shower:

Shower 24 to 48 hours after surgery, unless otherwise instructed by the surgeon. Leave the sterile tape on while showering. Do not soak in a hot tub. Be sure to dry the area well.

### Driving:

Drive when there is no longer need of narcotic pain medications and when the seat belt can be put on without pain or irritation to the incisions.

### Fever:

Low-grade temperature is common. If the temperature exceeds 101.5 degrees or if it is accompanied by chills, vomiting, or flu-like symptoms, call the surgeon.

