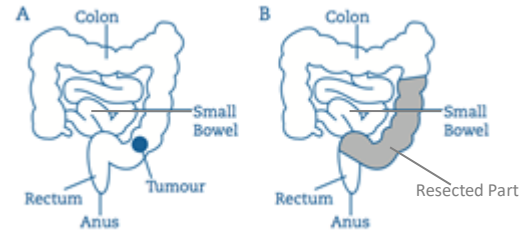


## Introduction

The rectum is located at the lower end of the large intestine (Figure A) where solid wastes or stools are stored for excretion. Anterior Resection of Rectum is a surgical procedure (by open or laparoscopic approach) to remove a segment of the sigmoid colon and rectum as a surgical treatment for benign or cancerous tumors in the rectum.



## The Operation

1. The operation is performed under a general anaesthetic.
2. Several small incisions are made in the abdomen (in laparoscopic approach) ; or an incision is made in the abdomen (open approach).
3. The diseased part of the rectum or sigmoid colon is removed (Figure B).
4. The two healthy ends of the bowel are then reattached.
5. A temporary stoma may be necessary to divert stools away to facilitate healing.

## Preoperative Preparation

1. Admit 1 day before or on same day of this “elective” operation.
2. Anaesthetic assessment. **Inform your doctors** about drug allergy, regular medications or other medical conditions.
3. Bowel preparation: 3 days pre-op, Low residue diet, avoid high roughage vegetables, fruits and cereals.  
2 days pre-op, Fluid / congee diet. Bowel cleansing agent may be prescribed  
1 day pre-op, clear fluid (non-dairy) allowed.
4. Keep fast for 6 to 8 hours before operation.
5. Empty bladder and change to operation clothes before transfer to operating room.
6. Pre-medication, antibiotic prophylaxis and intravenous line may be required.

## Postoperative Instruction

### General

1. Mild throat discomfort or pain because of intubation.
2. Discomfort or pain over the operation site. Inform nurses if more analgesics are required.
3. Nausea or vomiting are common; inform nurses if symptoms severe.
4. An indwelling urine catheter will be inserted for urinary drainage. It will be removed within few days.

### Wound care

1. Day 1 Post-op, patients can have bed bath with caution (keep wound dressing dry).
2. Abdominal drain (if present) is usually removed after few days.
3. Stitches or skin clips (if present) will be taken off around 10-14 days.
4. A nurse will take care of the Stoma (if present), if present, in the initial post-op period, and will educate patient on stoma care before discharge.

### Activity

Early walking and deep breathing exercises (according to doctor's order) help reduce the chances of lung infection or pulmonary embolism.

### Diet

1. Restricted in early post-op period; Resumed gradually (fluid, soft and normal) when bowel function returns.
2. Bowel opening is loose and frequent initially, but will improve with time.

**Common Risks and Complications** (not all possible complications are listed)**Anesthesia related**

1. Cardiovascular: myocardial infarction or ischaemia, stroke, deep vein thrombosis, pulmonary embolism, etc.
2. Respiratory: atelectasis, pneumonia, asthmatic attack, exacerbation of chronic obstructive airway disease.
3. Allergic reaction and shock.
4. Toxicity of local anaesthetic injected around the site of operation may result in serious complication although rare.

**Procedure related**

1. Wound pain / Wound infection.
2. Hypertrophic scar and keloid formation (may result in unsightly scar).
3. Intra-abdominal bleeding. Intra-abdominal collection.
4. Damage to structure inside abdomen such as blood vessel, bowels, spleen, bladder.
5. Anastomotic leak or bleeding. Pelvis abscess.
6. Paralytic ileus.
7. Deep vein thrombosis / Pulmonary embolism.
8. Small bowel obstruction.
9. Bladder dysfunction.
10. Sexual dysfunction or retrograde ejaculation and impotence (for men).

**Things to take note after discharge**

1. Bowel resection is considered a major surgical procedure and wound recovery generally takes a few weeks.
2. Contact your doctor or a nearby Accident & Emergency Department if you find increasing discharge, pain and or redness around the wound.
3. Take analgesics prescribed by your doctor if required.
4. Heavy lifting and vigorous exercises should be avoided for the first six weeks follow the operation.
5. Remove the clip or stitches if available and follow up as doctor's schedule.
6. You may resume sexual activity depending on health condition and progress of wound healing.

**Remarks**

This is general information only and the list of complications is not exhaustive. Other unforeseen complications may occasionally occur. In special patient groups, the actual risk may be different. For further information please contact your doctor. Evangel Hospital reserves the right to amend this leaflet without prior notice. We welcome suggestions or enquiries on the information provided in this leaflet. Please contact our Healthcare professionals so that we could follow up and make improvement.

**Reference**

Colorectal Surgeons NewCastle: "Anterior resection"

<https://www.colorectalsurgeonsnewcastle.com.au/anterior-resection-lambton-nsw.html> (25-07-2023)