

LAPAROSCOPIC COLECTOMY

Removal of a segment of the colon is a major operation. When performed by conventional surgery, a long incision and 5-8 days hospitalization is necessary. We use laparoscopic techniques to perform the same operation through a number of tiny incisions. The result is shortened hospitalization (in some cases as few as two days), significantly less pain from the short abdominal incision (needed to remove the diseased colon) and much earlier return to normal activity.

This surgery is commonly performed for diverticulitis of the colon, for inflammatory stricture of the small intestine near the colon, for large polyps that cannot be removed during a colonoscopy, or for tumors.

Most patients will need a colonoscopy, barium enema or both as part of their investigation before seeing us in the office. On occasions it is necessary to repeat the colonoscopy and mark (or tattoo) the colon that is to be removed because that segment cannot be felt with the surgeon's hand during laparoscopy.

PREPARATION

Bowel preparation is similar to that used for colonoscopy. Insurers will not pay for this to be performed in hospital, so this preparation takes place at home with surgery scheduled on the day of admission. We will take into account your age and other medical complaints in deciding whether preoperative admission is preferable for bowel preparation.

A liquid diet is consumed for two days before the planned procedure. On the second day (the day immediately before surgery) only clear liquids are taken. *Clear* means *any liquid that you can see through* including broth, juice and soda. Orange juice and milk contain solids and do not qualify as *clear*.

THE DAY OF SURGERY

Enemas are given to help cleanse the interior of the colon the morning before surgery. Once you are in the operating room and anesthetized, a catheter will be inserted into the bladder. Parts of your abdomen and thigh may need to be shaved for attaching the necessary equipment. On rare occasions a tube through the nose into the stomach may be necessary for a day or so afterwards.

A short incision about the size for an appendectomy is made to extract the intestine. This is usually the most uncomfortable wound but pain will readily be controlled with painkillers by mouth.

The evening following the surgery you will usually be given fluids to drink as well as painkilling tablets by mouth. The use of injected painkillers of the narcotic variety as well as PCA (Patient Controlled Analgesia) is avoided as much as possible because these drugs slow the return of intestinal function. Passing gas, and later a bowel movement, heralds the return of intestinal activity. You will progress to more solid food as each day goes by.

The length of time you stay after the surgery varies with the part of the colon that has been removed, your general health and other factors. For right sided operations, this is often about 2-3 days, and on the left side about 3-4 days. These estimates are intended *as a guide* to help you and your family plan your return home. It is a good idea to have someone to help you for the first few days after discharge. Planning for this should take place well in advance of your surgery date.

For more details about care of the wounds see the Welcome leaflet handed to you when you first registered.

COMPLICATIONS

It is important to understand that the surgery we are doing is not really new. We are just using modern video technology to project an image of the organs onto a screen so that instruments passed through short incisions can be manipulated accurately without a wide opening. The types of complications that occur after colon surgery include bleeding, infection, blockage, or leakage from the hookup of the intestine. These risks, although uncommon can still occur after laparoscopic surgery. There are a number of possible complications of the laparoscopic part of the operation, related to inflation of the abdomen and injury to other organs. Fortunately these problems are rare.

There have been case reports of tumor cells growing in the puncture sites of the abdominal wall after laparoscopic surgery for cancer of the colon. Most of these cases occurred after surgery for an advanced tumor in which recurrence in the abdominal wound or at the site of drains is a recognized complication, even of conventional surgery. We use techniques to reduce the possibility of implantation of these cells.

WHEN YOU GO HOME

It is normal to:

- experience occasional gas pains
- have irregular bowel movements for several days
- feel tired for one to two weeks

A light, balanced diet and a reasonable amount of exercise will help to get you back to normal. Avoid taking painkillers for long periods.

It is not normal if you

- stop passing gas and your belly swells
- suffer from constant pain or vomiting
- have a persisting fever (above 100.4°F/38°C)
- notice leg swelling or pain

If any of these occur, call the office for advice.

COLON CANCER TRIAL

A recently completed authoritative trial comparing open to laparoscopic surgery for colon cancer showed equivalent cure rates. Laparoscopic patients had less pain and went home earlier than those in the open group. Another trial in Spain has shown a trend to improved survival rates after laparoscopic surgery for cancer. Research continues in this important area.

RESEARCH

We are constantly refining techniques to make laparoscopic surgery more safe and effective and to do this we need to collect data concerning longer-term results. At intervals after your procedure one of our research assistants may call to check on your progress.

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