

COLON SURGERY

The colon (also known as the large intestine or large bowel) is a muscular tube about 5 feet long that travels around the borders of the abdominal cavity. Although the colon is considered the lower end of the digestive tract, it has little to do with the actual digestion of food. After the small intestine absorbs nutrients from food for the body, it passes the liquid “leftovers” to the colon. The colon’s job is to extract water and salts the body needs from this liquid waste, forming stool.

Muscles that run across and around the colon, contract and relax rhythmically to propel the stool along. The stool goes from a liquid to a solid state as water is absorbed along the way—up the ascending (right) colon, across the transverse colon, and down the descending (left) colon to the curved and looped sigmoid colon. There the stool is stored until a convenient time to pass it to the outside. It exits through the rectum, which makes up the last 6 inches of colon. The blood and lymph vessels connected to the colon are known as the mesentery.

As long as your colon is performing its job, you don’t think much about it. But serious colon problems can occur, particularly as you grow older.

Common Colon Problems

- **Polyps:** Polyps are growths on the inside of the colon wall that vary in size and shape from that of a pea to that of a mushroom. Some polyps can become cancerous. In many cases, polyps produce no symptoms. In other cases, they bleed or cause cramps or constipation.
- **Diverticula:** Increased pressure in the colon from trapped gas or ongoing constipation may push out one or more pockets called diverticula. These usually develop in weak areas next to the colon’s blood vessels. People with diverticula are said to have diverticulosis. Sometimes stool gets trapped in one of these pockets, causing infection and inflammation. This condition is called diverticulitis. An attack of diverticulitis is characterized by intermittent pain usually in the lower left abdomen, as well as constipation and sometimes fever.
- **Tumors:** A tumor is an abnormal growth of normal cells in the lining of the colon. Tumors inside the colon are usually malignant, or cancerous. If a cancerous tumor is not removed, cells break off and establish new tumors in other parts of the body. Cancer may grow for years before any symptoms appear. The cure rate is greatly improved if the cancer can be detected through routine screening exams **before** symptoms appear.

Symptoms of Colon Problems

Tumors, diverticula, and polyps can cause the following symptoms that may be the first signal that a colon disorder exists.

- **Bleeding:** Bleeding from the colon is often from the surface of a tumor that has broken open. It can also occur when a diverticulum erodes a nearby blood vessel. Depending on

the location and amount of bleeding, it can vary in color from bright red to maroon or black. Never assume rectal bleeding or blood in the stool is from hemorrhoids, even if you know you have them.

- **Obstruction:** Large polyps, tumors, twisting (known as a volvulus) and inflamed diverticulum may partially or totally block the passage of stool through the colon. Constipation (or at times diarrhea), gas pains, rectal bleeding, and abdominal bloating result.
- **Perforation:** An inflamed diverticulum or one under pressure can burst. Bacteria, which are always present in the colon, can then leak through the perforation into the abdominal cavity and cause infection or other complications. Sudden pain, fever, nausea, and vomiting are common signs. Hospitalization and surgery are almost always required.

Colon surgery is recommended to remove tumors, large or hard to reach polyps, or diverticula that are causing severe symptoms. In some cases, surgery is necessary to determine whether a growth is cancerous. If the surgery is to remove a tumor or abnormal growth, lymph nodes in the mesentery will be sent to the lab, along with the tumor or growth, to determine if cancer is present and/or if it has spread. Other organs such as the liver will be examined to determine if there is any cancerous involvement also.

Preparing for surgery

The night before a colon resection is a busy and important time. During this time the colon is cleansed. This preparation uses a high powered laxative and antibiotics which thoroughly cleans out, or purges, the colon to minimize the risk of infection. Also, only clear liquids should be consumed and nothing at all after midnight; this keeps the colon free of stool. As with any major abdominal surgery, it helps to stop smoking for at least 5 days before surgery. A “smoker’s cough” can put strain on your incision.

Before surgery

Routine testing will be performed, such as blood work and EKG &/or chest X-ray and you will meet with the anesthesiologist, the doctor in charge of keeping you asleep and free from pain during the operation. You will be completely asleep (general anesthesia) for the surgery.

The procedure

The goal of surgery is to remove the section of the colon affected. After making an incision in the abdomen, usually down the middle, the surgeon will cut out the diseased portion of the colon. The portion of the colon to be removed is isolated from the surrounding organs and then removed. The portion of the colon prior to the area that is resected is then reattached to the portion just past the area resected. This “re-attachment” is called an anastomosis. It is done using a suture or with a stapling device. The procedure will last from 2 to 4 hours or more depending on the amount of colon to be removed, the amount of previous scarring, and the technique used.

Only when it is absolutely necessary will a colostomy be constructed during colon surgery. This allows the colon to recover or heal before it is rejoined a few months later. (In

some rare cases the colostomy will be permanent but this will be discussed extensively with you before surgery.) With a colostomy, body wastes are eliminated directly through an opening of the colon onto the surface of the abdomen, where the stool is collected into a special appliance. If you have a colostomy, you will be trained on the use and care before you leave the hospital.

After surgery

You will go to recovery room after surgery and when your vital signs are stable you will be transferred to a regular hospital room where your family can be with you. You will have pain medication available. You may have a thin plastic tube in your nose that goes down to your stomach. The purpose is to remove any air or fluid that would make you uncomfortable or sick. It will be removed as soon as your bowels start working, usually 4-5 days after surgery. You will be started on a liquid diet after the tube is removed and soon advanced to regular food if you can tolerate it. The morning after surgery you will be assisted out of bed and your activity will be increased gradually. This is very important to prevent complications such as blood clots and pneumonia. Your incision will usually have metal clips, or staples, on the skin surface and your abdomen may be slightly bruised and swollen. You should be able to go home in approximately 1 week, and arrangements will be made for an appointment in our office, pain medication, and staple removal if these have not already been removed.

Home Care

You may walk about as you wish, even climb stairs. You can expect to be generally tired and need to rest frequently. You may eat as before the operation, but be sure to include plenty of liquids and fiber in your diet to avoid constipation. Unless instructed otherwise, you may shower as you wish and with any dressings on or off. Dry yourself after a shower and replace any dressings with clean, dry ones. Take pain medications as prescribed. Don't lift anything heavier than 5 pounds, or a full jug of milk. You may resume sexual activity when you are comfortable. We can discuss driving and return to work at your follow-up visit.

Call our office if:

- You develop a fever of 101 degrees or higher
- You develop cramps or become bloated and have not had a bowel movement for 2-3 days
- Your incision becomes red, swollen, or there is drainage from it
- You have any questions or concerns

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