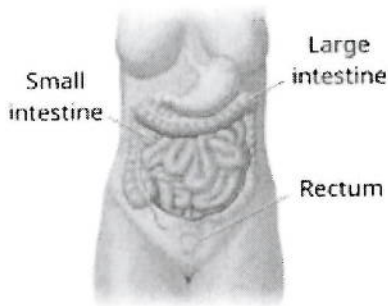


Minimally Invasive Total Colectomy



Minimally invasive total colectomy is surgery to remove all of the large intestine, also called the colon, leaving the small intestine and the rectum. This procedure uses several small incisions in the abdomen instead of one large incision. This procedure is also called laparoscopic total abdominal colectomy. Sometimes a robot can be used to control the tools used in the surgery. In such a case, the procedure is called robot-assisted laparoscopic surgery.

This procedure may be used to treat several conditions that affect the colon, including:

- Inflammation (*diverticulitis*).
- Tumors or masses.
- Inflammatory bowel disease, such as Crohn's disease or ulcerative colitis.
- Bleeding.
- Blockage or obstruction.

Tell a health care provider about:

- Any allergies you have.
- All medicines you are taking, including vitamins, herbs, eye drops, creams, and over-the-counter medicines.
- Any problems you or family members have had with anesthetic medicines.
- Any blood disorders you have.
- Any surgeries you have had.
- Any medical conditions you have.
- Whether you are pregnant or may be pregnant.

What are the risks?

Generally, this is a safe procedure. However, problems may occur, including:

- Infection.
- Bleeding.
- Allergic reactions to medicines or dyes.
- Damage to nearby structures or organs.
- Leaking from where the small intestine and rectum were sewn together, if this applies.
- Future blockage of the small intestines from scar tissue. Another surgery may be needed to repair this.
- Needing to convert to an open procedure.

What happens before the procedure?

Staying hydrated



Follow instructions from your health care provider about hydration, which may include:

- Up to 2 hours before the procedure – you may continue to drink clear liquids, such as water, clear fruit juice, black coffee, and plain tea.

Eating and drinking restrictions

Follow instructions from your health care provider about eating and drinking, which may include:

- 8 hours before the procedure – stop eating meals with high fiber, and heavy meals or foods, such as meat, fried foods, or fatty foods.
- 6 hours before the procedure – stop eating light meals or foods, such as toast or cereal.
- 6 hours before the procedure – stop drinking milk or drinks that contain milk.
- 2 hours before the procedure – stop drinking clear liquids.

Medicines

Ask your health care provider about:

- Changing or stopping your regular medicines. This is especially important if you are taking diabetes medicines or blood thinners.
- Taking medicines such as aspirin and ibuprofen. These medicines can thin your blood. **Do not** take these medicines unless your health care provider tells you to take them.
- Taking over-the-counter medicines, vitamins, herbs, and supplements.

Surgery safety

Ask your health care provider:

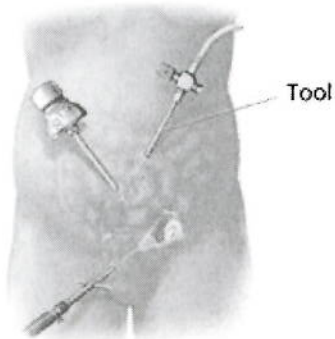
- How your surgery site will be marked.
- What steps will be taken to help prevent infection. These may include:
 - Removing hair at the surgery site.
 - Washing skin with a germ-killing soap.
 - Taking antibiotic medicine. You may be given antibiotic medicine to clean out bacteria from your colon. Follow the directions carefully and take the medicine at the correct time.

General instructions

- **Do not** use any products that contain nicotine or tobacco for at least 4 weeks before the procedure. These products include cigarettes, e-cigarettes, and chewing tobacco. If you need help quitting, ask your health care provider.
- Plan to have someone take you home from the hospital or clinic.
- You may be prescribed an oral bowel prep to clean out your colon in preparation for the surgery.
 - Follow instructions from your health care provider about how to do this.
 - **Do not** eat or drink anything else after you have started the bowel prep, unless your health care

provider tells you it is safe to do so.

What happens during the procedure?



- An IV will be inserted into one of your veins.
- You will be given one or both of the following:
 - A medicine to help you relax (*sedative*).
 - A medicine to make you fall asleep (*general anesthetic*).
- Small monitors will be connected to your body. They will be used to check your heart, blood pressure, and oxygen level.
- A breathing tube may be placed into your lungs.
- A small, thin tube (*catheter*) will be placed into your bladder to drain urine.
- A tube may be placed through your nose and into your stomach to drain stomach fluids (*nasogastric tube*, or *NG tube*).
- Your abdomen will be filled with gas so it expands. This gives the surgeon more room to operate and makes your organs easier to see.
- Several small incisions will be made in your abdomen.
- A thin tube with a light and camera (*laparoscope*) will be inserted into one of the incisions. The camera on the laparoscope will send a picture to a computer screen in the operating room. This will give the surgeon a good view inside your abdomen.
- Hollow tubes will be inserted into the other small incisions in your abdomen. The tools that are needed for the procedure will be put through these tubes. A robot may also be used to control the instruments.
- Clamps or staples will be put on the end of the small intestine and the end of the colon, at the rectum.
- The part of the intestine between the clamps or staples will be removed.
- The end of the small intestine will be stitched (*sutured*) or stapled to the top of the rectum to allow your body to pass waste (*stool*).
- If the remaining intestines cannot be stitched back together, you will have a procedure called an ileostomy. This creates a new opening for stool to leave your body. If you need an ileostomy:
 - An opening to the outside of your body (*stoma*) will be made through your abdomen.
 - The end of your small intestine will be brought to the opening. It will be sutured to the skin.
 - A removable bag (*ostomy pouch*) will be attached to the opening. Stool will drain into this bag.
 - The rectum will stay in place and will be closed with sutures or staples.
 - The stoma may be temporary or permanent.
- The incisions from the colectomy will be closed with sutures or staples.

The procedure may vary among health care providers and hospitals.

What happens after the procedure?

- Your blood pressure, heart rate, breathing rate, and blood oxygen level will be monitored until you leave the hospital or clinic.
- You will receive fluids through an IV until your bowels start to work properly.
- Once your bowels are working again, you will be given clear liquids first and then solid food as tolerated.
- You will be given medicines to control your pain and nausea, if needed.

Summary

- Minimally invasive total colectomy is surgery to remove all of the large intestine, or colon, from the abdomen.
- Tell your health care provider about all medical conditions you have and all medicines you are taking for those conditions.
- Follow all instructions before the procedure, including when to stop eating and drinking, and whether to change or stop any medicines.
- The colon will be removed using small incisions. A robot is sometimes used to do the surgery.
- Your surgeon will explain to you if the small intestine will be connected to the rectum, or if you will have a stoma to help you pass waste.

This information is not intended to replace advice given to you by your health care provider. Make sure you discuss any questions you have with your healthcare provider.

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