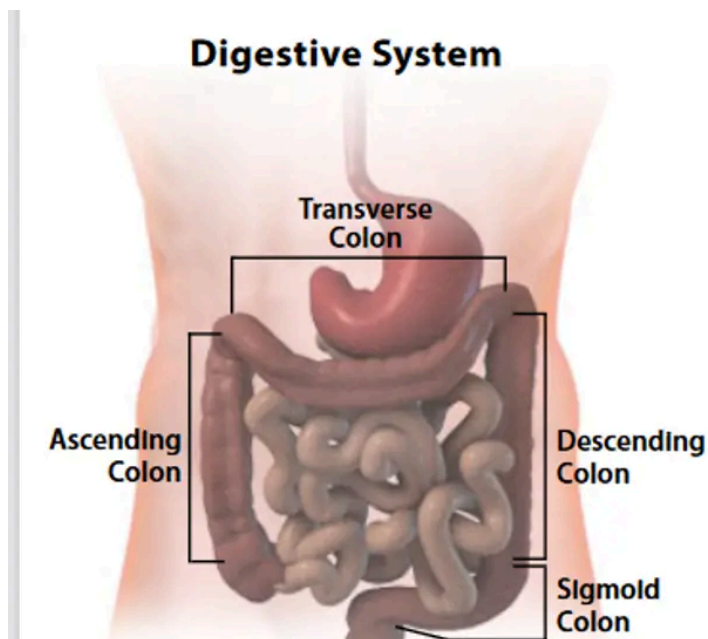


Colectomy

A colectomy is the removal of a section of the large intestine (colon) or bowel. This operation is done to treat diseases of the bowel, including Crohn's disease and ulcerative colitis, and colon cancer.



Common Symptoms

- Symptoms may include diarrhea, constipation, abdominal cramps, nausea, fever, chills, weakness, or loss of appetite and/or weight loss, or bleeding.
- There may be no symptoms. This is why colon cancer screening is essential.

Treatment Options

Surgical Procedure

- **Open colectomy**—An incision is made in the abdomen and the section of the diseased colon is removed. The two divided ends of the colon are sutured (sewn) or stapled together in an anastomosis. If the colon cannot be sewn back together, it is brought up through the abdomen to form a colostomy.
- **Laparoscopic colectomy**—A light, camera, and instruments are inserted through small holes in the abdomen to remove the diseased colon or tumor.

Nonsurgical Procedure

Some diseases of the colon are treated with antibiotics, steroids, or drugs that affect the immune system.

Benefits and Risks of Your Operation

Benefits—Removal of diseased or cancerous sections of the intestine will relieve your symptoms and can reduce your risk of dying from cancer.

Possible surgical risks include temporary problems with the intestine that may require a stoma; leakage from the colon into the abdomen; lung problems including pneumonia; infection of the wound, blood, or urinary system; blood clots in the veins or lung; bleeding; fistula; or death.

Risk of not having an operation—Your symptoms may continue or worsen, and your disease or cancer may spread.

Expectations

Before your operation—Evaluation may include a colonoscopy, blood work, urinalysis, chest X-ray, or CAT Scan (CT) of the abdomen.¹ Your surgeon and anesthesia provider will discuss your health history, home medications, and postoperative pain control

options. Addressing risk factors such as smoking, alcohol use, anemia, and nutrition has been shown to improve patient outcomes and should be discussed at the pre-operative visit.²

The day of your operation—You may not eat for 4 hours but may drink clear liquids up to 2 hours before the surgery. Most often you will take your normal medication with a sip of water. Your surgical team will advise you if you need to clean your bowels with laxatives or enemas 1-2 days before surgery.⁴

Your recovery—The average length of stay is 3 to 4 days for a laparoscopic or open colectomy.⁵ The time from your first bowel movement to eating normally is also about 3 to 4 days. Call your surgeon if you have continued nausea, vomiting, leakage from the wound, blood in the stool, severe pain, stomach cramping, chills, or a high fever (over 101°F or 38.3°C), odor or increased drainage from your incision, a swollen abdomen or no bowel movements for 3 days.

Call your surgeon if you have continued nausea, vomiting, leakage from the wound, blood in the stool, severe pain, stomach cramping, chills, or a high fever (over 101°F or 38.3°C), odor or increased drainage from your incision, a swollen abdomen or no bowel movements for 3 days.

Keeping You Informed

Colorectal cancer is the third leading cause of cancer-related deaths in men and in women. The lifetime risk of developing colorectal cancer is about 1 in 23 (4.3%) for men and 1 in 25 (4.0%) for women. The American Cancer Society recommends that people at average risk of colorectal cancer start regular screening at age 45.

Sigmoid Colectomy (Sigmoidectomy)
Part or all of the sigmoid colon is removed.
The descending colon is then reconnected to the rectum.



Segmental Resection
One or more short segments of the colon are removed.
The remaining ends of the colon are reconnected.

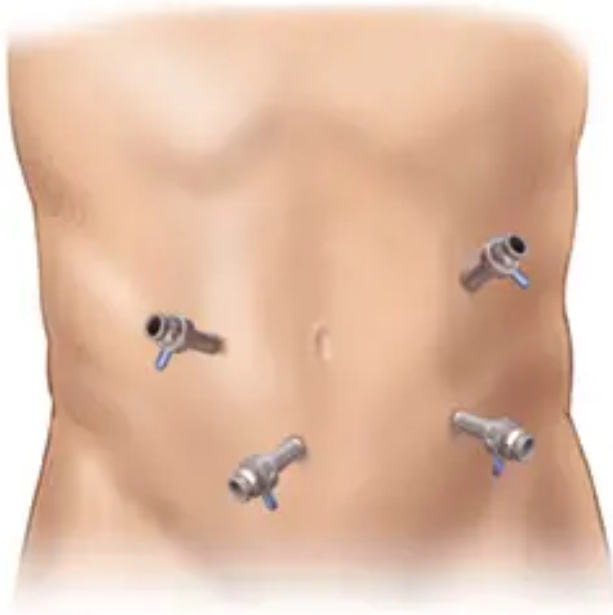


The Condition

The Procedure

Common Tests

Laparoscopic Repair



Keeping You Informed

Conversion

Your surgeon may need to convert from a laparoscopic colectomy to an open colectomy.

This may be needed due to:⁹

- Adhesions from prior surgery
- Bleeding
- Obesity
- Inability to see important structures
- Presence of a large tumor
- Inability to complete the operation

For patients having a laparoscopic colectomy, conversion occurs at a rate of 14.3%. The complications and length of hospital stay are longer when you are changed to an open procedure. There is no difference in the long term survival rate.⁸ The right colectomy is the most common type and has the lowest conversion rate while Proctectomy has the highest rate of conversion to an open procedure.¹⁰

Length of Stay

You may stay in the hospital for about 2 nights after a laparoscopic repair or longer after an open colectomy.⁵ You may have a catheter in place in your bladder to measure and drain your urine for a few days. Severe nausea, vomiting, or the inability to pass urine may result in a longer stay.

Recovering from Surgery

[Access resources and information you need to optimize your recovery from surgery.](#)

Surgery FAQ

[Answers to common questions surgical patients have before, during, and after a procedure.](#)

Download Operation Brochures

[Access print-friendly PDF versions of ACS patient education brochures that outline common surgical procedures.](#)

Glossary

Advance directives: Documents signed by a competent person giving direction to health care providers about treatment choices.

Anastomosis: The connection of two structures, like two ends of the intestines.
Computerized tomography

(CT) scan: A diagnostic test using X-ray and a computer to create a detailed, three-dimensional picture of your abdomen. A CT scan is commonly used to detect abnormalities or disease inside the abdomen.

Electrocardiogram (ECG): Measures the rate and regularity of heartbeats as well as any damage to the heart.

General anesthesia: A treatment with certain medicines that puts you into a deep sleep so you do not feel pain during surgery.

Hematoma: A collection of blood that has leaked into the tissues of the skin or in an organ, resulting from cutting in surgery or the blood's inability to form a clot.

Ileus: A decreased motor activity of the digestive tract due to nonmechanical causes.

Local anesthesia: The loss of sensation only in the area of the body where an anesthetic drug is applied or injected.

Nasogastric tube: A soft plastic tube inserted in the nose and down to the stomach. It is used to empty the stomach of contents and gases to the rest of the bowel.

Stoma: An artificial opening of the intestine or urinary tract onto the abdominal wall.

Ultrasound: Sound waves are used to determine the location of deep structures in the body. A hand roller is placed on top of clear gel and rolled across the abdomen.

Urinalysis: A visual and chemical examination of the urine, most often used to screen for urinary tract infections and kidney disease.

DISCLAIMER

The American College of Surgeons (ACS) is a scientific and educational association of surgeons that was founded in 1913 to improve the quality of care for the surgical patient by setting high standards for surgical education and practice. The ACS endeavors to provide procedure education for prospective patients and those who educate them. It is not intended to take the place of a discussion with a qualified surgeon who is familiar with your situation. The ACS makes every effort to provide information that is accurate and timely, but makes no guarantee in this regard.

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The information provided in this report is chosen from recent articles based on relevant clinical research or trends. The research below does not represent all that is available for your surgery. Ask your doctor if he or she recommends that you read any additional research.

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