

Laparoscopic (keyhole) colorectal surgery

Information for patients from the Association of Coloproctology of Great Britain and Ireland (ACPGBI)

Laparoscopic colorectal surgery avoids the need for a long incision (cut) in the abdomen (tummy), so there is significantly less pain from the wound after the operation. It also means that you stay in hospital for a shorter time (a matter of days) and can return to normal activities in a few weeks.

What is the colon and rectum?

The colon and rectum refers to the large intestine or bowel. It forms the lowest part of the digestive system after the small bowel, and it ends at the anus.

What is laparoscopic colorectal surgery?

Laparoscopic or 'keyhole' surgery allows the surgeon to carry out operations through four or five small (1cm) cuts in the abdomen. A telescope camera, put into one of these small cuts, shows an enlarged image (picture) of the internal abdominal organs on a television screen. The other cuts allow the surgeon to use special operating instruments. In some cases, one of the cuts may be made longer (8 to 10cm) to allow a bowel specimen (sample) to be removed and the procedure to be finished.

What are the advantages of laparoscopic colorectal surgery?

Results vary depending on the type of procedure and your overall condition. Common advantages include:

- less pain after the operation
- a shorter hospital stay
- a quicker return to eating, drinking, and bowel function (going to the toilet normally)
- a quicker return to normal activity, and
- less scarring after the operation.



Could I have laparoscopic colorectal surgery?

Although there are many benefits to this type of surgery, it is not always possible for every patient to have laparoscopic surgery. Each case has to be looked at individually, and you will need to discuss this option with your surgeon to find out if this way of operating is best for you.

Will I need any special preparation before my surgery?

You will have the same investigations and tests to prepare you for your operation as patients who have 'open' surgery. These are to confirm your diagnosis and extent of the disease, and to assess how fit and well you are for the proposed treatment.

How is laparoscopic colorectal surgery performed?

Laparoscopic surgery is the name given to the telescopic method a surgeon uses to enter the abdomen.

Through a small cut often close to your tummy button, your surgeon will place a cannula (hollow needle-like tube) and pass gas (carbon dioxide) through this. The gas fills your abdominal cavity, making a space into which the surgeon can place a laparoscope (a narrow telescope joined to a video camera). The surgeon can then see a magnified or enlarged view of your abdominal organs on a television screen.

Other cuts give access (ports) to place specially designed operating instruments inside, so the operation can be carried out. If a part of the bowel is to be removed, one of the cuts is enlarged. The surgery usually takes two to three hours.

What happens if my operation cannot be carried out or finished using the laparoscopic method?

For some people the laparoscopic method cannot be performed safely or well enough. Factors that may increase the possibility of choosing or changing to the 'open' procedure during the operation include:

- being very overweight
- a history of abdominal surgery which has caused a lot of scar tissue
- where the surgeon cannot see your organs clearly
- bleeding problems during your operation, and
- large tumours.

Your surgeon will decide to carry out surgery using the open procedure either before or during your operation. You should be prepared for the possibility that your surgeon may have to go back to open surgery during your operation.

What should I expect after my surgery?

Immediately after surgery (within the first 24 to 48 hours) you will need:

- oxygen through a face mask
- intravenous fluid using a cannula (drip) into a vein in one of your arms
- a catheter in your bladder to drain urine, and
- medication to deal with mild pain.

Later (the following day or so), you will need to:

- start eating a modified diet, starting with liquids followed by gradually taking solid foods, and
- move round as soon as possible.

Produced with grateful acknowledgement to The Association of Coloproctology of Great Britain and Ireland (ACPGBI) www.acpgbi.org.uk/

This leaflet has been produced with and for patients

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