

# ***Abdominoperineal excision of the rectum with end colostomy (stoma) and vertical rectus abdominus musculocutaneous flap (VRAM)*** (page 1 of 6)

## **Why do I need this operation?**

Your consultant has recommended that to treat your cancer the rectum and the anal canal need to be removed by an operation.

## **What does the operation involve?**

The rectum is the storage organ at the end of the bowel and the anal canal is the exit from the bowel (back passage).

During the operation the anus (back passage) will be closed completely and this will be permanent. At the same time a colostomy (stoma) will be created for emptying the bowels. The colostomy will usually be formed on the left side of your abdomen (tummy).

The area between your buttocks where your anus has been removed will be filled using some muscle, fat and skin taken from your abdomen. (This is known as a Vertical Rectus Abdominus Musculocutaneous Flap or VRAM).

## **Before you come into hospital**

The colorectal surgeon and the plastic surgeon will see you and your family and explain the operation and care required after your operation.

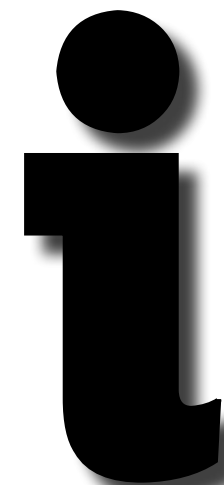
You will be given plenty of opportunity to ask questions. If you think you might forget the questions that you want to ask it is a good idea to write them down before coming to your appointment.

The specialist nurse will discuss your home arrangements with you. This is so that plans can be made for any help you may need after you are discharged from hospital.

You will probably be in hospital between 6 to 10 days.

The colorectal surgeon will ask the stoma care nurse specialist to talk to you and give you written and practical information about the colostomy. This may be the stoma care nurse at Salisbury or the stoma nurse at your

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**or**  
**Colorectal Nurse Specialists 01722 425194**



If you need your information in another language or medium (audio, large print, etc) please contact Customer Care on 0800 374 208 or send an email to: [customer care@salisbury.nhs.uk](mailto:customer care@salisbury.nhs.uk)

You are entitled to a copy of any letter we write about you. Please ask if you want one when you come to the hospital.

Please complete The Friends & Family Test to tell us about your experience at: [www.salisbury.nhs.uk/FriendsFamily](http://www.salisbury.nhs.uk/FriendsFamily) or download our App from the Apple App store or Google Play Store.

The evidence used in the preparation of this leaflet is available on request. Please email: [patient.information@salisbury.nhs.uk](mailto:patient.information@salisbury.nhs.uk) if you would like a reference list.

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local hospital, this depends upon where you live and what is most convenient to you. They will be able to answer your questions and offer continuing support after your operation.

You will normally be asked to attend a pre-admission appointment the week before your operation. At this appointment you will probably have a medical examination and your blood pressure and weight measured. You will also be sent to the Pathology Department for blood tests and any other tests needed.

The stoma care department will contact you by letter or telephone to come for an appointment on the same afternoon as your pre-admission appointment. You will also be sent/given a booklet about having and living with a colostomy. It would be useful if you could read this before you attend this appointment as it will help us to answer any questions you might have.

If you live outside the Salisbury area, the stoma care nurse from your local hospital will make arrangements to see you.

The aim of the appointment is to:

- answer any questions or concerns the booklets have raised about the operation/ aftercare/care of new skin flap.
- learn about the colostomy and the care of it.
- be shown how to empty and change a stoma pouch.
- be helped with choosing an appropriate stoma pouch.
- learn how to get supplies of stoma pouches when leaving hospital and in the future.
- with the stoma care nurses' help, decide where the stoma will be positioned on your abdomen.
- involve any relative or carer who may be able to help you at home after your operation.
- learn about the stoma care nurses' role whilst you are in hospital and the support they can provide for you in the future.
- learn about foods you may need to either avoid eating or eat in very small quantities.
- discuss clothing, hobbies, sexual activity, driving, travel and returning to work.

## **The day before your operation**

You will be admitted to Britford Ward the day before your operation and any outstanding tests will be carried out.

- you will be able to eat up until 6 hours before your operation.
- you will be given an injection of Dalteparin (this injection will make your blood take a little longer than normal to clot and helps prevent blood clots).
- the ward nurse may check to see if you have been sited (marked) for your colostomy.

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## The day of your operation

Sometimes, after your operation, it is necessary to spend time on the intensive care unit (Radnor Ward) before being transferred back to Britford Ward. Some of the care on Radnor ward may be slightly different from the things listed below:

- you may need oxygen through a mask on your face
- your blood pressure, pulse and temperature will be regularly monitored
- you may have special boots on your legs to help with your blood flow whilst you are on bed rest
- you will be given an epidural catheter into your back (spine) to control the pain. This will stay in place for 3-4 days. There is a separate information sheet about this; please ask if you would like a copy
- you will also be given regular tablets for pain relief as well. The epidural is not a replacement for a general anaesthetic
- you will have a small plastic tube (drip) in your arm to give you extra fluid until you are able to drink normally
- you may have a tube (known as a naso-gastric tube) going in your nose down to your stomach, which at first will drain your tummy and stop you feeling sick and then may be used to feed you with liquid food until you are able to eat. This tube will only be used if the surgeon does not want you to eat or drink for several days after your operation.
- medication will be given to stop you feeling sick
- you will have a catheter (fine soft plastic tube) inserted into your bladder. This is to drain urine from your bladder and to help you feel more comfortable. It will be removed after four to five days, usually once you are able to get out of bed. The nurses will regularly check this to make sure that you are making enough urine
- the nurses will need to check your flap at frequent intervals along with doing other observations such as checking your temperature and your blood pressure
- you will have three or four drains in your abdomen and flap. The plastic surgeon will tell the nurses when they can be removed. The nurses will check these drains at regular intervals to make sure they are working properly
- you will have a clear drainable pouch over your stoma
- the physiotherapist will teach you deep breathing and leg exercises. These are very important to follow because you will be on bed rest for two to four days
- some patients are able to eat and drink straight after the operation. If this is the case then you will also be offered protein drinks as well as food and drink.

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## After your operation

At first you will be helped to do most things by the nurses because you will be on bed rest. You will be nursed from side-to-side in bed for the first two to four days. The plastic surgeon will check the flap and say when you can get up.

The first time you get up you will be helped out of bed to stand/sit in the chair for 15 minutes.

As each day passes this will increase to 30 minutes, usually at mealtimes or to do your stoma care. As soon as you are able to go to the bathroom you will need to have a bath or shower every day and this must continue when you get home.

- the epidural in your back will be removed after three or four days and you will be given painkillers by mouth so your pain will be kept under control.
- the catheter in your bladder will be removed, usually the day after your epidural is removed.
- as soon as you are drinking and eating enough your drip will be removed.
- your consultants will look at your drains each day and tell the nurses when they can be removed.
- you may have to wear a small pad in your underwear until the flap has healed completely and any leakage has stopped, this may still be necessary at home.
- the wound on your abdomen will have special tape on it which will be left in place for two weeks. This is usually removed after you have been discharged home when you see the plastic surgeon in clinic.
- the stoma care nurses will visit most days to check your stoma and teach you how to care for it. This will include emptying and changing the pouch. You will be encouraged to join in and given the opportunity to ask questions. They will talk about skin care, measuring the stoma, phantom feelings, quantity and consistency of the output of the stoma. The ward nurses will also help and support you.

You may need some medication to start your colostomy working, and this can be continued at home if needed. When you are confident we will ask if you would like a relative or carer to come in and watch you change your pouch.

You will have normal food. The stoma care nurse and ward nurses can help you with your menu and talk about any worries you may have about food and drinks.

## On the day of discharge

You will be discharged home provided that:

- you feel confident about your discharge arrangements
- your pain is well controlled
- you are eating and drinking well

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- there are no signs of wound/flap infection. You will have a district nurse arranged by the ward nurse if it is needed, or an appointment will be made for you to be seen in the Plastics Surgery dressings' clinic
- you are passing urine normally
- you are up and about and carrying out normal activities like showering/bathing, dressing, managing stairs etc
- you can look after your stoma yourself. If you wish, the stoma care nurse or ward nurse will watch you do another change of your pouch.

The stoma care nurse will:

- give you two weeks worth of supplies
- give you an appointment in the stoma care department on the same day as seeing the colorectal surgeon/plastic surgery consultant
- give you a copy of your prescription details. If you live in the Salisbury/Shafesbury area these details will be faxed to your G.P. You can either collect your prescription 48 hours after going home and take it to the chemist or your stoma care nurse can help you with a home delivery service
- contact your local stoma care nurse if you live away from Salisbury who will make these arrangements with you
- give you the telephone number of the stoma care nurses, (local to you if you live outside of the Salisbury area) to ring if you have any problems/questions after you go home.

## Advice after discharge

- physical activity and a good food intake help to prevent tiredness
- increase your daily activities and light exercises as you feel able to do them
- physical light work can be resumed after four to six weeks such as housework and weeding the garden
- physical heavier work and lifting (more than 10kgs) may be resumed six to eight weeks after your operation
- try to have protein rich food (meat, fish or eggs) in your daily diet as these are good for healing
- you can restart sexual activity as soon as you are comfortable
- you can drive as soon as you feel comfortable and are able to do an emergency stop and not hurt yourself. Practice this if possible on your driveway. It maybe helpful to speak to your insurance company to check if there is a time limit before you can start driving

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- make sure you have painkillers at home such as paracetamol. Regular pain relief will help you continue with daily activities and exercise and also aid rest and sleep
- for the first two weeks at home continue to avoid sitting in one position for more than 30-60 minutes at one time; either walk around, stand up regularly or lie on your side
- continue to have a daily shower or bath.

## Useful websites

[www.colostomyassociation.org.uk](http://www.colostomyassociation.org.uk)

The Colostomy Association is a UK registered charity representing the interests of people with a colostomy.

<http://www.macmillan.org.uk>

Macmillan have merged with Cancerbackup. Together they provide quality assured, up-to-date cancer information, written by specialists for patients, relatives and carers.

[www.bowelcanceruk.org.uk](http://www.bowelcanceruk.org.uk)

Bowel Cancer UK aims to save lives by raising awareness of bowel cancer, campaigning for best treatment and care and providing practical support and advice.

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