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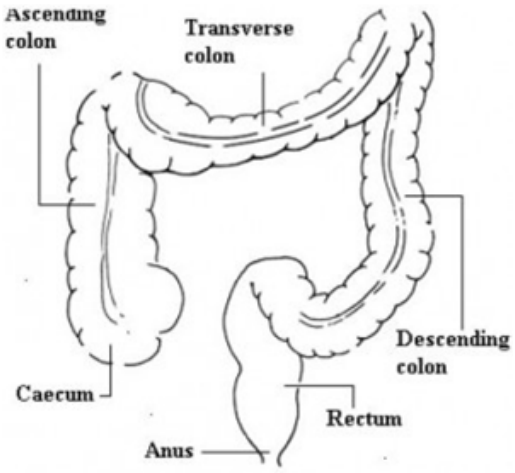
Anterior Resection *(page 1 of 3)*

Anterior resection is an operation to remove a piece of your bowel and rectum.

What happens during the operation?



Your operation will be done by either laparoscopic (keyhole) surgery using a few small incisions and one slightly larger incision (to remove the piece of bowel) or by an 'open' operation where one long incision (cut) will be made in your abdomen (tummy). Whether you have open or laparoscopic surgery will depend on many things. Your surgeon will discuss which way of operating is best for you, based on your individual situation.

After removing the portion of the colon (including the blood vessels and lymph nodes that supply this piece of bowel), the surgeon will join the two healthy ends of bowel together, using either a series of sutures (stitches) or staples. This is called an anastomosis. When the section of bowel that contains the cancer, along with the blood vessels and lymph nodes, has been removed, it is sent to the lab for further investigation.

If you have a keyhole operation

Your surgeon will make four or five small (one centimetre) cuts in your abdomen. A telescopic camera will be put into one of these small cuts to show an enlarged image of the organs in your abdomen (on a television screen). The other cuts allow the surgeon to use special operating instruments. Your surgeon will make one of the cuts longer (8 to 10 cms) so they can remove the diseased portion of the bowel. Sometimes it is not possible or safe to finish the operation using laparoscopic surgery. If so,

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your surgeon will change to an 'open' operation and make a larger incision to deal with this.

Will I need to have a stoma? (ileostomy/colostomy)

Patients often need to have a stoma. A stoma is an artificial opening of your bowel on the front your abdomen, created during an operation, to collect faeces. The stoma may be permanent or temporary. The stoma 'rests' the join where the bowel is connected back together, allowing it to heal. Despite having a stoma you may pass a little old blood or mucus from your anus (back passage).

If you need a stoma or if it is possible that you may need a stoma, a stoma nurse will see you. These specialist nurses are skilled in caring for patients who have a stoma and will be able to answer any questions you may have and give you advice.

Are there complications with this operation?

The risks of this operation are small and much less likely to affect you than the risk of not having surgery. However, this is a major operation and some people (less than 5%, or fewer than 1 in 20) do not survive the surgery.

There are sometimes complications. These may include:

- bleeding
- infection
- a leak from the join where the bowel is reconnected
- injury to other organs within the abdomen (for example, the small intestine, ureter or bladder)
- problems passing urine (though this is usually only temporary)
- a lack of sexual desire and, in men, a difficulty in achieving an orgasm and maintaining an erection (though this is usually only temporary);
- deep vein thrombosis (blood clots in the veins in the legs);
- pulmonary embolism (blood clots in the lungs).

You may also experience the following.

- a sore bottom.
- anxiety due to the whole situation, although we will do our best to help you through this.
- if you did not need a stoma, you may have difficulty in controlling your bowels in the first few weeks after surgery, this may mark your underwear. It may be helpful for you to do some pelvic-floor exercises. These will help the muscles in your bottom to cope with having a part of your back passage removed. Sometimes it takes several months for your bowels to settle into a regular pattern, although you may never get back to what you would previously have considered 'normal', and you may have to adjust your diet. More advice will be given to you about this.

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Results after surgery

The results from the laboratory are usually available one week after surgery. These are discussed at the multi-disciplinary team meeting and then with you as soon as possible after this. These results will indicate whether you need any further treatment, such as chemotherapy.

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