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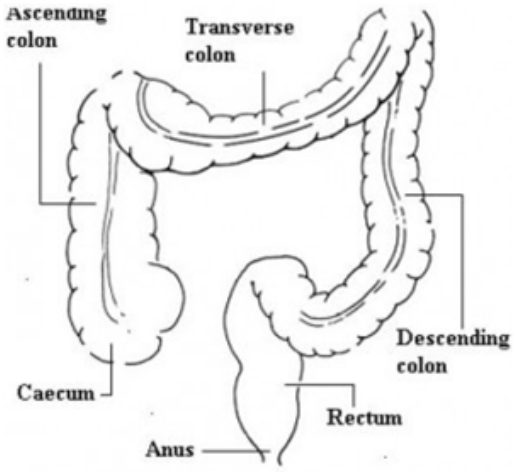
Right Hemicolectomy

The operation is to remove the right-hand portion of the colon (approximately half the colon). This will include the caecum, ascending colon and a portion of the transverse colon.

It is necessary to remove this much because of the way the blood supply supports the colon, rather than because the disease has spread.



What is the colon?

The colon is the name given to the large intestine or bowel. It forms the lowest part of the digestive system after the small bowel and it ends with the rectum and the anus (back passage).

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. Each case has to be looked at individually so your surgeon will discuss which way of operating is best for you.

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, have been removed it is sent to the lab for further investigation.

The laparoscopic operation

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

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Your surgeon will make three or four 1 cm cuts in your abdomen. A telescopic camera will be put into one of these small cuts to show an enlarged image (on a television screen) of the organs in your abdomen. The other cuts allow the surgeon to use special operating instruments. Your surgeon will make one of the cuts longer (6 to 8 cms) so the diseased section of bowel can be removed. If at any point it is not possible or safe to finish the operation by laparoscopic surgery your surgeon will change to an 'open' operation and make a larger incision to deal with this.

Will I 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. It is very unlikely that you will need a stoma.

Are there risks or complications with this operation?

Risks of this operation are small and much less likely to affect you than the risk of not having the operation. 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 anastomosis (the join where the bowel is connected back together)
- injury to other organs within the abdomen (for example, the small intestine, ureter, or bladder)
- deep vein thrombosis (blood clot in the veins in the legs) or
- pulmonary emboli (blood clot in the lungs).

Results after surgery

One week after surgery the results from the laboratory are usually available. These are discussed at the multi-disciplinary team meeting and 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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