

Total Abdominal Colectomy

What is a Total Abdominal Colectomy

A **total abdominal colectomy** (ab-DAHM-in-ahl coh-LEK-tuh-mee) is a surgery to take out all of your large intestine. During the surgery, a large incision (cut) is made in your abdomen (belly). The surgeon take out the large intestine and then connects the end of the small intestine to the rectum. This connection is called an **anastomosis** (an-AHS-tuh-MOH-sis).

Before surgery, you will be given **general anesthesia**. This is medicine that makes you sleep and keeps you from feeling or remembering the surgery.

Why do I need this surgery?

You may need to have a total colectomy if you have:

- Crohn's or another disease that causes inflammation the large intestine
- Cancerous tumors in the large intestine
- Severe constipation
- A number of polyps (small growths) in the large intestine

What are the risks?

The short-term risks of a total colectomy are:

- Infection in the abdomen or around the surgical site
- Leaking from the anastomosis site
- Injury to other organs

The long-term risks of a total colectomy are:

- A hernia at the incision site
- The small bowel may attach to other organs in the area — this is called an **adhesion**
- Sexual dysfunction
- Changes in bowel or bladder functions

How do I prepare for surgery?

You will get a call from the hospital a day or two before surgery with specific instructions for the day of surgery. These instructions will include:

- What medicines to take and not take before the surgery
- When you should stop eating and drinking the night before surgery
- When to arrive at the hospital

Your healthcare providers will also answer any questions you might have about the surgery.

What happens after the surgery?

- **You will stay in the hospital for several days.**
- **You will need to walk to help prevent blood clots.** You will have a pneumatic (new-MAT-tic) compression device to use when you are in bed. The device massages your legs with small air bags. The bags inflate and deflate, helping to move blood through your legs.
- **You will be given pain medicine.** You will have an IV at first. After a few days, you will be given pills. **Take your pain medicine exactly as ordered by your doctor.** Pain medicine may cause constipation, so you might need to take a mild laxative.
- **You'll learn how to care for yourself when you go home.** Your healthcare providers will go over your instructions with you while you are in the hospital.

You may have the following types of pain or discomfort after your surgery:

- **Incision pain** for the first few days. It may take a few weeks for the pain to go away completely. Your incision may also feel itchy as it heals. Your doctor will likely prescribe medicine to treat pain. Follow your doctor's instructions carefully.
- **Cramping, bloating, or swelling** in your abdomen for the first 5 to 10 days.
- **A sore throat** from the breathing tube used to keep your airway open during the surgery. This should go away in 1 to 2 days.

How do I care for myself at home?

Wound care

Your incisions will take several weeks to heal. Your surgeon will take out the stitches or staples in his office at your follow-up appointment. To care for your incision:

- **Don't soak in a bath, hot tub, or swimming pool until your incision is well healed** (and any tape covering the incision has fallen off).
- **You may take a shower after the first 48 hours**, but don't let the water hit the incision directly. Use soap and water to wash the site and gently pat it dry with a clean towel.

When should I get medical help?

Call your doctor if you have any of these symptoms:

- Chills or fever of 101°F or higher
- Redness, unusual drainage, increasing pain, warmth, or swelling at your incision site
- Increased bloating or swelling in your abdomen
- An increase in pain, or your pain medicine isn't working
- Nausea, vomiting, or diarrhea that doesn't go away after a few days
- Becoming more tired (rather than less) each day
- Feeling dizzy for more than a few seconds at a time
- Not able to have a bowel movement (poop) even with a laxative
- Can't urinate (pee)

Get emergency care if you have chest pain, a cough (not from a cold), or trouble breathing.

Physical activity and exercise

Activity helps prevent gas, stiffness, weakness, and blood clots. Here are a few guidelines:

- **Get at least 8 hours of sleep at night, and rest during the day.**
- **Do your deep breathing exercises every day for the first few days after surgery.**
- **Take it easy for the first 2 weeks.** Don't sit or stand for more than half an hour at a time.
 - Take short walks several times a day. Ask someone for support if you feel shaky or dizzy. Start with short distances, and work up to longer walks.
 - Avoid climbing stairs if it hurts — but climb them as soon as you can do so without pain.
- **Don't put too much stress on your abdomen until it has healed.** Follow these instructions:
 - For the first 4 weeks, do NOT do household chores such as vacuuming, lawn mowing, or laundry. After the fourth week, gradually increase these activities over the following 2 weeks.
 - For the first 6 weeks, do NOT lift more than 5 to 10 pounds or anything you have to strain to pick up. When you're picking things up, bend carefully at the knees and lift slowly.
- **Don't do housework or yard work.** Get your family to pitch in, or hire help.
- **Don't drive until your doctor says its okay, usually 2 weeks after surgery.** Before you begin driving again, be sure you are physically strong enough, your mind is clear, and you know how your pain medicine affects you.
- **Ask your doctor** when it's okay to return to work or do more strenuous exercise. (Most patients can return to work within 2 weeks.)

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