

Colorectal and peritoneal oncology centre (CPOC)

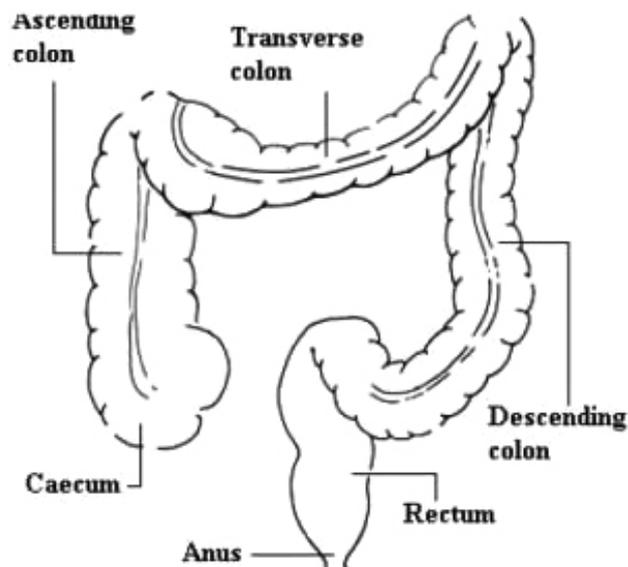
Right hemicolectomy

What is a right hemicolectomy?

A right hemicolectomy 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 refers 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.



What happens during the operation?

Your operation will be done by either an 'open' operation where one incision (cut) will be made in your abdomen (tummy) or by laparoscopic (keyhole) surgery using a few small incisions.

After removing the portion of the colon, the surgeon will normally join the two healthy ends together using either a series of sutures (stitches) or staples. This is called an anastomosis. Whether you have open or laparoscopic surgery will depend on many things. Each case has to be looked at individually so you will need to discuss your options with your surgeon and find out which way of operating is best for you.



The laparoscopic operation

Your surgeon will make 3 or 4 small (1 centimetre) cuts in your abdomen. They will put a telescope camera 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 (8 to 10 cms) so they can remove the bowel portion they have operated on. Sometimes it is not possible or safe to finish the operation by laparoscopic surgery. If so, your surgeon will change to an 'open' operation and make a larger incision to allow this.

Why would you not be able to have the surgery laparoscopically?

Sometimes the laparoscopic method cannot be performed on some patients. This decision is made by your surgeon either before or during the actual procedure. Some of the reasons may include;

- Obesity
- A history of abdominal surgery causing dense internal scar tissue (adhesions)
- If the surgeon is unable to see the internal organs
- Bleeding during the operation
- More disease than expected

Are there complications with this operation?

Risks of this operation are small and much less likely to affect you than the risk of doing nothing. However, this is a major operation and some people (less than 0.5% or 1 in 200) do not survive the surgery. This risk will depend on your other health issues.

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 clots in the veins in the legs), or
- Pulmonary emboli (blood clots in the lungs)

Consent to treatment

The colorectal and peritoneal oncology team will discuss the treatment that is recommended for you and explain how it will affect you.

We will ask you to sign a consent form agreeing to accept the treatment that you are being offered. The basis of the agreement is that you have had The Christie's written description of the proposed treatment and that you have been given an opportunity to discuss any concerns. You are entitled to request a second opinion from another doctor who specialises in treating this cancer. You can ask your own consultant or your GP to refer you. Your consent may be withdrawn at any time before or during this treatment. Should you decide to withdraw your consent then a member of your treating team will discuss the possible consequences with you.

Will I need to have a stoma (bowel bag)?

It is unlikely that you will need a stoma. However, sometimes it is not possible to join the bowel back together again, so the end of the bowel is brought out onto the abdomen (tummy) to form an opening outside the body, known as a stoma. A stoma bag is then fitted around this opening to collect your bowel contents.

The stoma may be permanent or temporary.

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

Preparation for surgery

You will have investigations and tests to prepare you for your operation. These are to confirm the diagnosis, to see how far the disease has spread, and to assess how fit and well you are for the proposed treatment.

You will be asked to come along to a pre-operative assessment clinic where you will meet a nurse who will check you are medically prepared for your operation.

You will have a MRSA (Methicillin Resistant Staphylococcus Aureus) test before your admission to hospital. This involves taking a simple swab of your nose, throat and perineum (seat area). This is a routine procedure carried out on all patients who are admitted to The Christie for surgery. You can get more detailed information about MRSA from the infection control team, or ask one of the nurses.

We may ask you to have some pre-operative tests to assess your fitness prior to the surgery. This would include a breathing test (pulmonary function) and an echocardiogram (ultrasound scan of your heart). You may also be asked to have a cardio-pulmonary exercise test (CPX) where you will be asked to ride on a stationary bike breathing into a face mask.

The Christie has an online surgery school which can help you get ready for surgery and will also provide information for post-surgery. You can find this on www.christie.nhs.uk/surgeryschool.

If you are particularly anxious about your surgery we have a complementary therapy team who you can be referred to for 'hypno calm' prior to surgery. Please ask your client nurse specialist if this is something you would like to be referred for.

If you are a smoker, it would benefit you greatly to stop smoking or cut down before you have your operation. This could reduce the risk of chest problems as smoking makes your lungs sensitive to anaesthetic. If you need help/support in stopping smoking we have a smoking cessation team you can contact **0161 956 1215** or **07392 278408** or you can contact your GP.

Before you come into hospital for your operation, try to organise things ready for when you go home. If you have a freezer, stock it up with easy-to-prepare food. Arrange for relatives and friends to do your heavy work such as changing your bedding, vacuuming and gardening and to look after your children if necessary.

How long will I need to be in hospital?

You will stay in hospital for as little time as necessary, usually for between three and seven days. Your surgeon or specialist nurse will discuss with you daily achievements which you should try to meet. This programme is called 'enhanced recovery after surgery' (ERAS+).

What should I expect after surgery?

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

- Oxygen through a face mask
- A drip into a vein in one of your arms to give you fluid
- A catheter (tube) in your bladder to drain away urine, and
- Medication to deal with pain from the incision. This may be given as an epidural (where the medicine is given through a fine tube in your back) or through the drip

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

- Start eating again, starting with liquids and gradually introducing solid foods, and
- Move around as soon as possible

If you have laparoscopic surgery, you may recover more quickly after surgery and go home sooner.

When you first start going to the toilet again, your faeces will be liquid. Sometimes it takes several weeks to get back to normal, and occasionally you may have to adjust your diet and reduce your fibre intake. You may also experience that you need to go to the toilet more often – this is normal and may take a number of months to settle down. If you would like any advice or to discuss this further please contact your named key worker or the CNS team on the numbers provided in this leaflet.

Visiting times

If you need to be admitted to OCCU post operatively it is open visiting but only 2-3 visitors are allowed at the bedside at one time. Once on the ward, visiting is 2:00pm - 8:00pm and meal times are protected (12:00pm - 1:00pm and 5:00 - 6:00pm).

Leaving hospital and coping at home

If, after you leave hospital, you have any new concerns or problems (for example, severe abdominal pain, a raised temperature or bleeding) it is important to contact your own doctor (GP) or the hospital. You will be given contact numbers for your key worker (colorectal specialist nurse) when you leave hospital.

Recovery time after your operation varies from person to person. You may find it takes several weeks to feel better. You can expect a gradual improvement over the next 6-12 weeks.

Please follow these general advice points:

- You should not attempt to drive, lift or move heavy objects, do heavy housework (for example hoovering, changing the beds) or start digging the garden until a minimum of 6 weeks following your operation.
- Getting back to work will depend on what type of job you do. Please ask if you are unsure. The ward should provide you with a sick note, please ask before you go home. Your GP can then supply you with further sick notes.
- Getting back to normal activities and exercise will depend on you. It is safe to gently increase your levels of physical activity providing it is comfortable to do so.

Follow up after surgery

Your CNS will contact you once you are discharged home to check you are recovering well. We will then see you in The Christie outpatient clinic 4-6 weeks following your stay in hospital and you will then be reviewed at regular intervals.

Support

We know that people who have had a cancer diagnosis can be affected in a variety of ways. For some people there will be physical concerns while others may have emotional or spiritual needs. Practical and financial worries can come to the fore during cancer investigations and treatment and these can put significant strain on people. Most people want to be well informed and involved in decision making but people's information needs vary too. Everyone is an individual and has their own concerns and needs.

Your CNS is there to support you throughout your journey and if you have any questions/concerns or would just like to go through things again please do contact them on the number provided below. If appropriate and with your consent, we can refer you to a trained counsellor. We have a counsellor and a consultant psycho-oncologist who specialise in problems relating to cancer. If you feel you may be helped by these services please talk to your CNS to discuss a referral.

We hold regular health and wellbeing events in the auditorium at The Christie to support patients with a cancer diagnosis. Please ask your CNS for the date of the next event.

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The colorectal and peritoneal oncology centre (CPOC)

The colorectal and peritoneal oncology centre has an international reputation for treating advanced and early colorectal cancer, appendix tumours, peritoneal tumours, anal cancer and tumours within the pelvis. If you have a query regarding our service, please contact **0161 446 8051** or visit The Christie website www.christie.nhs.uk/cpoc

The service will provide:

- ongoing advice and support for patients, their partners and families
- information and advice about treatment and treatment options
- a point of contact should problems arise
- a link with other health care professionals involved in your care at home and in hospital
- referral to specialist services.

Who can contact us?

Any health care professional who needs information or advice and any patient coming for assessment or treatment can contact the service themselves. They can also be referred by another health care professional.

We are happy to speak to partners, friends and family, providing the patient has given consent.

If you know the name of your consultant, please contact their secretary directly.

| Consultant | Secretary |
|-----------------------|----------------------|
| Professor S T O'Dwyer | 0161 918 2189 |
| Mr M S Wilson | 0161 446 3366 |
| Professor A G Renehan | 0161 918 2189 |
| Mr C R Selvasekar | 0161 918 2310 |
| Mr O Aziz | 0161 918 2057 |
| Mr H W Clouston | 0161 918 2391 |
| Mr J Wild | 0161 918 7352 |
| Miss R Fish | 0161 918 2391 |

Clinical nurse specialists:

Rebecca Halstead (lead)
0161 918 7096 / 07766 780952 rebecca.halstead@nhs.net

Rachel Connolly
0161 918 7001 / 07785 725629 rachel.connolly2@nhs.net

Lisa Wardlow
0161 918 7183 / 07826 892213 lisa.wardlow@nhs.net

Amanda Coop
0161 918 2097 / 07824 373 785 amanda.coop@nhs.net Fax: **0161 918 7078**

If your key worker is not available, please leave a message on the answering machine with your name, date of birth and telephone number. All messages will be responded to as quickly as possible, but this may not always be on the same day.

If you have any problems after your operation, please contact Ward 10 on **0161 446 3860**.

Further information

For information about the colorectal and peritoneal oncology centre visit www.christie.nhs.uk/cpoc

Christie information

The cancer information centre at The Christie in Withington stocks a wide range of booklets free to patients, their families and carers and offers a free confidential service for anyone affected by cancer.

Contact: **0161 446 8100**.

Complementary therapy and smoking cessation

There is an outpatient drop-in service at The Christie on Tuesday and Thursday from 4pm. Contact directly by calling **0161 446 8236** or **0161 918 7175**.

Maggie's centre

The centre provides a full programme of practical and emotional support, including psychological support, benefits advice, nutrition and head care workshops, relaxation and stress management. Maggie's

Manchester is directly across from The Christie on Kinnaird Road. Contact Maggie's on **0161 641 4848** or email manchester@maggiescentres.org

Macmillan Cancer Support

This is a national charity offering advice and support. Call the freephone helpline **0808 808 0000** (Monday to Friday, 9am to 8pm) or if you are hard of hearing, use the textphone **0808 808 0121**. Macmillan Cancer Support publish booklets which are free and available on their website www.macmillan.org.uk

Hospital chaplaincy

Situated in department 57, on the first floor above the dining room and next to the education centre. We have a Christian chapel, a Muslim prayer room and a multi-faith quiet space. If you would like someone to visit you on the ward please ask a member of staff.

If you need information in a different format, such as easy read, large print, BSL, braille, email, SMS text or other communication support, please tell your ward or clinic nurse.

The Christie is committed to producing high quality, evidence based information for patients. Our patient information adheres to the principles and quality statements of the Information Standard. If you would like to have details about the sources used please contact the-christie.patient.information@nhs.net

For information and advice visit the cancer information centres at Withington, Oldham or Salford. Opening times can vary, please check before making a special journey.



Contact The Christie Hotline for
urgent support and specialist advice
The Christie Hotline: 0161 446 3658
Open 24 hours a day, 7 days a week