

## Colorectal Team Information for Patients

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# Panproctocolectomy Your Operation Explained

### Introduction

This leaflet tells you about the procedure known as panproctocolectomy. It explains what is involved, and some of the common complications associated with this procedure that you need to be aware of. It is not meant to replace the discussion between you and your surgeon, but helps you to understand more about what is discussed with health professionals.

### The digestive system

To understand your operation it helps to have some knowledge of how your body works.

When food is eaten it passes from the mouth down the oesophagus (food pipe) into the stomach. Here it is broken down and becomes semi-liquid. It then continues through the small intestine (small bowel), where food is digested and nutrients are absorbed.

The semi-liquid food is then passed into the colon (large bowel), where it becomes faeces (stools). The function of the colon is to absorb water into our bodies making the stools more solid. The stools then enter the rectum. When the rectum is full, the urge to evacuate is felt. The stools are then finally passed through the anus (back passage).

### Why is the operation performed?

This operation is carried out for Ulcerative Colitis or Crohn's Disease that is not, or is no longer, responding to medical treatment. Occasionally it is necessary to remove the colon if a cancer has developed or if there is a high risk of a cancer developing.

### What is a Panproctocolectomy?

This operation can be performed in one of two ways, either by the laparoscopic method (keyhole surgery) or by laparotomy (open procedure). You will receive further information and support from the Colorectal Nurse Specialist.

A cut will be made into the abdomen. The surgeon will remove the whole of the large bowel, rectum and anus.

The end of the ileum is formed into a permanent stoma. This is called an ileostomy, which is positioned on the right-hand side of the abdomen. The anus is sewn up.

### What are the benefits of this operation?

The operation is performed to remove the diseased colon and improve quality of life. This aims to give you the best chance of cure or improvement in your bowel problems.

### Are there any alternatives to surgery?

Your surgeon will discuss with you the various treatment options that may be available to you, depending upon your condition.

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Surgery is usually recommended as the last treatment option, if all medical treatment has failed or if you have a life threatening condition.

### What risks are there in having this procedure?

This type of operation is classed as major surgery and as with any form of surgery, carries risks (including risk to life). Your Surgeon will discuss with you in more detail your individual risks.

Listed below are the minor and major risks due to surgery and hospitalisation

### Minor Risks – These risks are common:

- Urine Infection
- Chest Infection
- Wound Infection
- Nausea and Vomiting
- Paralytic Ileus (when the bowel stops working temporarily and is unable to absorb fluids/food)

### Major Risks – These are rare:

- Deep Vein Thrombosis (DVT) - blood clot in the leg
- Pulmonary Thrombosis (PE) - blood clot in the lung
- Haemorrhage - bleeding in the abdomen
- Wound Dehiscence - wound opens up
- Abdominal Collection - abscess in the abdomen (tummy)
- Injury to the bladder
- Injury to the pelvic nerves that supply sexual function and that control bladder continence
- Injury to other organs such as the small bowel, liver or spleen

### Nerve damage

The operation is also very close to the bladder and nerves responsible for sexual function. Bladder and sexual function may be disturbed although the risk is small and often temporary. As a result, some men may have problems with erection and ejaculation. Some may also have problems passing urine.

### Sperm Storage

This will be discussed this at the consultation by the Surgeon. The Colorectal Nurse Specialist will then arrange the referral prior to the planned surgery.

### Perineal wound healing problems

The wound on the bottom (perineal wound) can take several weeks to heal properly and may require dressings from the District Nurse. This will be arranged by the ward staff on discharge. Changing position, use of a valley cushion and regular analgesia will be discussed by the Colorectal Nurse prior to discharge.

### Phantom Rectum

This is a sensation where there is discomfort in the rectum that has been surgically removed. Taking analgesia and sitting on the toilet may help relieve the symptom. Contact the Colorectal

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Nurse Specialist for further advice and support.

### Risk to life

Surgery for Ulcerative Colitis and Crohn's Disease is classified as major surgery. It can carry a risk to your life. Your surgeon will discuss this risk with you.

However, risks do increase with age and for those who already have heart, chest or other medical conditions such as diabetes, or for those who are overweight or smoke.

### Further Information:

The Colorectal Nurse Specialists are available Monday to Friday 8am to 4pm excluding Bank Holidays.

### Colorectal Nurse Specialists:

- Heartlands Hospital 0121 424 2730 (24hr answerphone)
- Good Hope Hospital 0121 424 7429 (24hr answerphone)
- Hospital Switchboard 0121 424 2000

### Online information about ileostomy surgery

Ileostomy and Internal Pouch Association 0800 018 4724 [www.the-ia.org.uk](http://www.the-ia.org.uk)

### RADAR 0121 616 2942

NATIONAL key scheme to access Disabled toilet facilities [www.radar.org.uk](http://www.radar.org.uk) then go to RADAR-SHOP

### NHS Direct

Telephone 0845 4647 or visit them on the Internet at <http://www.nhsdirect.nhs.uk>

### Our commitment to confidentiality

We keep personal and clinical information about you to ensure you receive appropriate care and treatment. Everyone working in the NHS has a legal duty to keep information about you confidential.

We will share information with other parts of the NHS to support your healthcare needs, and we will inform your GP of your progress unless you ask us not to. If we need to share information that identifies you with other organisations we will ask for your consent. You can help us by pointing out any information in your records which is wrong or needs updating.

### Additional Sources of Information:

Go online and view NHS Choices website for more information about a wide range of health topics <http://www.nhs.uk/Pages/HomePage.aspx>

### You may want to visit one of our Health Information Centres located in:

- Main Entrance at Birmingham Heartlands Hospital Tel: 0121 424 2280
  - Treatment Centre at Good Hope Hospital Tel: 0121 424 9946
  - Clinic Entrance Solihull Hospital Tel: 0121 424 5616
- or contact us by email: [healthinfo.centre@heartofengland.nhs.uk](mailto:healthinfo.centre@heartofengland.nhs.uk).

## Information for Patients

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### Dear Patient

We welcome your views on what you thought of this patient information leaflet, also any suggestions on how you feel we can improve through our feedback link below:

- Patient Information Feedback email:  
[patientinformationleafletfeedback@heartofengland.nhs.uk](mailto:patientinformationleafletfeedback@heartofengland.nhs.uk)

If you wish to make any other comments this can be done through the links listed below:

- Patient Opinion: [www.patientopinion.org.uk](http://www.patientopinion.org.uk)
- I want great care: [www.iwantgreatcare.org](http://www.iwantgreatcare.org) (Here you can leave feedback about your doctor)

Be helpful and respectful: think about what people might want to know about our patient information and this hospital and how your experiences might benefit others. Remember your words must be polite and respectful, and you cannot name individuals on the sites.

**If you have any questions you may want to ask about your condition or your treatment or if there is anything you do not understand and you wish to know more about please write them down and your doctor will be more than happy to try and answer them for you.**

