

What Is Reversal Of Hartmann's Procedure?

In the past you will have had an operation which removed part of your large bowel. At the time of your surgery it was not possible to re-join your bowel and so your rectum (lowermost part of the large bowel) was sealed off and the upper part of your large bowel was brought out to the skin surface as an open end of bowel - a colostomy. Surgery to reverse your colostomy is called a reversal of Hartmann's procedure.

What Are The Benefits Of Reversal Of Hartmann's Procedure?

The aim of the surgery is to restore the continuity of the bowel. For most patients this may improve their bowel function/quality of life because they will no longer have a colostomy.

Preparation For Surgery

Pre-operative preparation includes blood tests, medical evaluation, chest x-ray and an electrocardiogram (ECG), depending on your age and medical condition. In addition, patients with significant co-morbidity might be asked to undergo lung function tests and an echocardiogram (ultrasound examination of the heart). In high-risk patients a formal anaesthetic evaluation and cardio-pulmonary exercise (CPEX) testing will be performed. Blood transfusion and/or blood products may be needed depending on your condition and the amount of blood loss during surgery.

It is recommended that you shower the night before or morning of the operation.

In most cases, we want your colon and rectum to be completely empty before surgery. If this is the case, you must drink a special cleansing solution. You may be on several days of clear liquids, laxatives and enemas prior to the operation. If you are unable to take the preparation please let us know in advance. If you do not complete the preparation, it may be unsafe to undergo the surgery and it may have to be rescheduled.

After midnight the night before the operation, you should not eat or drink anything except medications that your surgeon has told you are permissible to take with a sip of water the morning of surgery.

Drugs such as aspirin, blood thinners, anti-inflammatory medications (arthritis medications) and Vitamin E will need to be stopped temporarily for several days to a week prior to surgery. Diet medication or St. John's Wort should not be used for the two weeks prior to surgery.

The amount of alcohol you drink can affect you during and after your surgery. It is important that you talk with us about your alcohol intake so that we can plan your care. Stopping alcohol suddenly can cause seizures, delirium, and death. If we know you are at risk for these complications, we can prescribe medications to help prevent them. If you drink alcohol regularly, you may be at risk for other complications during and after surgery. These include bleeding, infections, heart problems, and a longer hospital stay. Here are things you can do to prevent problems before your surgery:

- Be honest with us about how much alcohol you drink
- Try to stop drinking alcohol once your surgery is planned. If you develop a headache,

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nausea, increased anxiety, or cannot sleep after you stop drinking, tell your doctor right away. These are early signs of alcohol withdrawal and can be treated.

- Tell us if you cannot stop drinking.

People who smoke can develop breathing problems when they have surgery. Stopping even for a few days before surgery can help. Please quit smoking for at least 48 hours before surgery and arrange for any help you may need at home.

How Is Reversal of Hartmann's Procedure Performed?

The most common approach is to re-enter the abdomen through the original scar; sometimes this can be done laparoscopically without the need to reopen the previous laparotomy wound. The bowel ends are then approximated together using stitches or staplers. This will restore the normal function of the large bowel so that you will go back to going to the toilet in the normal way. Your wound will be closed with stitches including the hole where your colostomy was.

It is possible that during the reversal operation it is deemed necessary to form another temporary stoma (normally an ileostomy) to protect the new joint. This means another period of time with a stoma and then another operation to complete bowel continuity.

Your bowel function may not fully return to normal after this operation and you may have more frequent, looser stools.

What Should I Expect After The Surgery?

After the operation, it is important to follow our instructions. Although many people feel better in a few days, remember that your body needs time to heal.

When you wake up after your surgery, you will be in the Recovery Area. You will stay there until you are awake and your pain is under control. Most people return to their ward after 2-3 hours. Patients with significant pre-existing medical conditions will be transferred to the High Dependency Unit (HDU) or Intensive Care Unit (ICU) instead.

You will receive oxygen through a thin tube called a nasal cannula that rests below your nose. A nurse will be monitoring your body temperature, pulse, blood pressure, and oxygen levels.

You will have a Foley® catheter in your bladder to monitor the amount of urine you are making. You will also have compression stockings on your lower legs to help your circulation. They will be taken off when you are able to walk. You might also have 1 or 2 drains in your lower abdomen to drain extra fluid from the area; most of the time, the drains are removed after a few days.

You will be given medications to control your pain and keep you comfortable. There are different ways that these medications can be given:

- Epidural catheter: some people may get pain medication through an epidural catheter in their spine
- Nerve block: some patients may get a nerve block before or during surgery. In a nerve block, your doctor injects medication into some of your nerves to reduce pain

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after surgery

- Intravenous (IV) medications: some people may get pain medication straight into a vein through their IV line
- Oral medications: some patients may get oral pain medications (medication that's swallowed, such as pills).

You may have one or more of these after your surgery. They're all effective methods to control your pain, and the Anaesthetist will talk with you before choosing the best one(s) for you.

You will be offered fluids shortly after your surgery. Following this you should then be able to eat and drink normally within 1-3 days.

Your bowel will usually start to make sounds after 1 or 2 days and you may have a bowel movement after 3 to 4 days. However, if this does not happen you should not be too worried. Bowel movements are different from one person to another. Usually, the first sign that your bowel is beginning to work is when you pass wind. You may then find that your bowel habits become unpredictable, with a sense of urgency. The colour and consistency of your bowel motions may also vary. Your bowel habit should settle down, and your bowel control will improve with time.

We only use absorbable wound stitches so no stitches need to be removed after operation; this also ensures a very good cosmetic appearance. The wound becomes waterproof 24 hours after surgery, so you can shower or bath without fear after the second post-operative day.

You are encouraged to be out of bed the day after surgery and to walk. This will help diminish the soreness in your muscles. You will probably be able to get back to most of your normal activities in two to three weeks' time. These activities include driving, walking up the stairs, working and engaging in sexual intercourse.

In most cases a follow-up appointment is organized within 2 weeks after your operation.

What Complications Can Occur?

Complications after colonic surgery are unfortunately not uncommon and include:

- Bleeding
- Infection (of the wounds, inside the abdomen, chest, bladder)
- A leak where the colon was connected back together (anastomotic leak or dehiscence); this is one of the most serious complications after colon surgery. Although some cases can be treated with antibiotics, bowel rest and/or drainage of abscess via a small tube inserted under radiologic control, most anastomotic leaks necessitate return to theatre and with takedown of the anastomosis and refashioning of a colostomy
- Injury to adjacent organs such as the small intestine, ureter, bladder or spleen; if the spleen needs to be removed (splenectomy) due to bleeding you will need to take daily antibiotics and have 3 annual vaccines for the rest of your life
- Blood clots in deep veins in your legs (deep vein thrombosis) that may travel to your lungs (pulmonary embolism)
- Incisional hernia (hernia at the site of the wound)

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- Adhesions (scar tissue within the abdomen).

It is important for you to recognize the early signs of possible complications. Contact us on 07968228831 or present to the Accident and Emergency Department if you notice severe abdominal pain, fevers, chills, or rectal bleeding.

When To Call Your Surgeon

Be sure to call us or present to the Accident and Emergency Department if you develop any of the following:

- Persistent fever over 38°C
- Bleeding from the rectum
- Increasing abdominal swelling
- Pain that is not relieved by your medications
- Persistent nausea and/or vomiting
- Chills
- Persistent cough or shortness of breath
- Purulent drainage (pus) from any incision
- Redness surrounding any of your incisions that is worsening or getting bigger
- You are unable to eat or drink liquids.

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