

COLON CANCER: Laparoscopic-Assisted Resection

△ GENERAL INFORMATION

Colon cancer is an uncontrolled growth in an area of the colon (large bowel). It is very common and occurs mostly in older men and women. The cause of the type of cancer you have is not known.

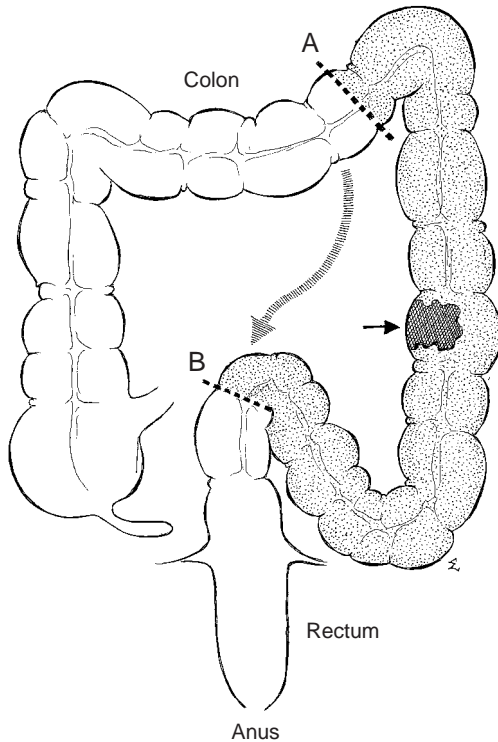


Figure 1. A cancer of the left colon is shown. The part of the colon to be removed is stippled.

COMMON SIGNS AND SYMPTOMS

- In the early stage, there are usually no symptoms. If the stool is tested, it may show the presence of blood.
- The blood in the stool may vary in color from bright red to maroon, or even black. Later, there may be red blood in the stool, or the stools may be almost black from old blood in them.
- If the cancer begins to block the colon, there may be a sense of fullness, cramping, constipation, or narrowing of the stool.
- As the colon finally pushes the firm stool and liquid above it through the narrowing passage, what comes out is often a mixed solid and liquid diarrhea.
- There may be anemia because of slow bleeding from the tumor.

DIAGNOSIS

- Usually, the diagnosis begins by taking a detailed history and doing a thorough physical examination.
- You will have an examination of your blood, urine, heart (EKG), and lungs (chest x-ray).

- *Barium enema*: This is done by placing liquid barium (it has the color and consistency of buttermilk) into the rectum and colon (just like a regular enema) and taking x-ray pictures as it flows throughout the large bowel. The results help to determine the cause of the symptoms.
- *Colonoscopy*: This is done with an optical instrument that is smooth, flexible, and as big around as your little finger and with a light at its tip. During the procedure you will be given medicine that will make you feel drowsy. The tip of the instrument will be lubricated and then gently inserted into your anus and advanced throughout the colon, which will be inspected carefully. If any suspicious tissue is seen, a small piece of it can be taken (a *biopsy*) for laboratory examination.
- *CT scan* (computed tomography scan): These special x-rays are taken by a machine that is shaped like a huge doughnut. You will lie on a table inside the hole in the “doughnut.” The x-rays are taken as very thin slices through the area of the entire abdomen. This makes it possible to see details inside the abdominal cavity.

○ TREATMENT

- The treatment is an operation to remove the part of the colon with the cancer in it and then to reconnect the cut ends (Figs. 1 and 2).
After careful consideration of all factors, the recommendation is that you have this operation with laparoscopic assistance.

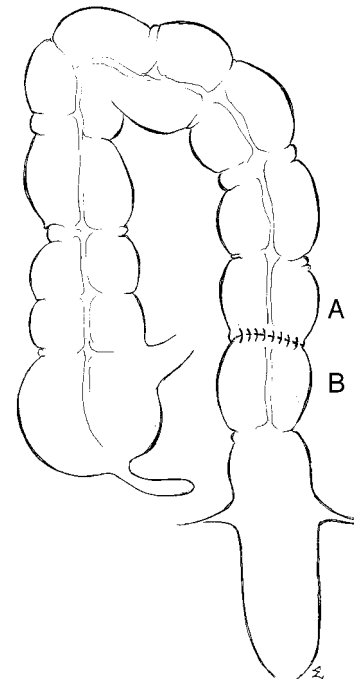


Figure 2. Following removal of the cancer, A has been connected to B so that the contents of the colon can travel in a normal manner.

PREOPERATIVE PREPARATION

- You will have an examination of your blood, urine, heart (EKG), and lungs (chest x-ray).
- You will be instructed on how to clean out your bowel.
- Do not eat or drink anything for 8 hours before your operation.
- Shower (and shave) as usual on the morning of the operation.
- You may be given medicine that will make you feel drowsy before you are brought to the operating room.

□ OPERATION

- You will be asleep for the operation.
- Your abdomen will be scrubbed with an antiseptic solution and surrounded with sterile drapes.
- The instrument used (a *laparoscope*) is smooth, has lenses in it, is as big around as your little finger, and has a light at the tip. Three or four laparoscopes will be placed in your abdomen through tiny incisions. The affected colon will be dissected inside the abdomen with the laparoscopes until it is free. A short incision will be made in your abdomen over the colon containing the cancer, and only the part of the colon with the cancer in it will be brought to the outside. **Note:** Sometimes, after the laparoscopes have been introduced in the abdomen, it is determined that this technique is not a suitable or safe way to remove the colon with the cancer in it. If that is the case with you, then an open incision will be made. The part of the colon with the cancer will be removed, the open ends reconnected, and the colon replaced in the abdomen.
- You will not receive a blood transfusion unless it is absolutely necessary.
- The operation usually takes about 3 hours.

POSTOPERATIVE CARE

- You will be taken to a recovery room and observed. When your blood pressure, pulse, and breathing are stable, you will be taken to a regular hospital room.
- You may have a thin plastic tube in your nose. It goes down to your stomach to suck up the air you swallow. It will be removed when your bowels start working.
- That evening you will be helped to sit up in bed and on the next day to get out of bed.
- Pain will be controlled with medicine. The nurse will give it to you, or you can give yourself a preset amount of pain medicine when you feel you need it.

This is done with a device called patient-controlled analgesia (PCA) that is connected to the tubing giving you intravenous fluids.

- You will be given an incentive spirometer. Breathing into this as you are instructed will help you expand your lungs and reduce the risk of developing pneumonia.
- After the tube in your nose is removed, you will be started on a liquid diet that will be advanced to solid food as you tolerate it.
- As with any operation, complications are always possible. With this type of operation, they can include peritonitis, bleeding, bowel obstruction, pneumonia, and possibly others.
- You should be able to go home in about 4 days.
- Arrangements will be made for your medicine, follow-up office visit, and stitch removal.

⊕ HOME CARE

- Continue with the program started while you were in the hospital.
- You may walk about as you wish, even climb stairs, but don't overdo things.
- Take medicine as prescribed for your pain.
- You may eat as you did before the operation, but include plenty of roughage and liquids in your diet to help prevent constipation.
- Unless instructed otherwise, you may shower if you wish and with any dressings on or off.
 - There may be narrow strips of tape across the incision. It's all right if they get wet; they will be removed in the doctor's office.
 - After you dry yourself, replace any dressings with clean, dry ones.
- Driving a car with an automatic shift may not seem too demanding. However, you may have to slam on brakes or twist to turn the steering wheel and may then strain your sutures or tear something. So during your follow-up visit, let's discuss when you can resume driving.
- You may resume sexual activity whenever you choose.
- You may return to work when you feel up to it.

📞 CALL OUR OFFICE IF

- You develop any unusual signs or symptoms.
- You develop cramps or become bloated.
- You do not have a bowel movement for 2 to 3 days.
- You develop a temperature higher than 100°F.
- The incisions become red or swollen, or there is drainage from them.
- You have any questions.