香港浸信會醫院
Hong Kong Baptist Hospital

Procedure Information Sheet

Introduction

Laparoscopy is a instrument composed of a metal tube and bundles of optical fibers. Surgeons can see directly and diagnose pathological lesions in the abdominal cavity, and also proceed to surgical treatment. If the surgeon cannot successfully remove the whole tumor or proceed due to various technical reasons, the surgeon might consider to switch for the traditional open surgery.

The Operation / Procedure

The operation is performed under general anaesthesia. Small incisions are made over the abdomen for insertion of laparoscope and instruments; carbon dioxide is insufflated into the abdominal cavity to distend the abdomen and to excise lesions with pathological changes. After excision, the surgeon will join up the remaining ends of bowel if possible. Otherwise a stoma may be performed as part of the operation, either temporary or permanent.

The excised part will be sent to laboratory for pathological exam. The efficacy and outcome of laparoscopic surgery is similar to the traditional open surgery. But comparatively smaller wounds of laparoscopic surgery will definitely hasten the recovery rate and shorten the hospitalization stay.

Before the Operation / Procedure

1. Interview with doctor in charge about the operation management, nature of operation and possible risks. Read through and understood this information sheet and complete the inform consent form.
2. Patient may need physical check-up or examination such as blood tests, urine tests, electrocardiogram, or CT scan etc.
3. Bowel preparation:
   3.1 Low residue diet **3** days before operation (i.e. fruits, vegetable, grains)
   3.2 Fluid diet **1** day before operation (i.e. congee water, clear soup and clear fluid) and avoid milk. Doctor will prescribe some laxatives to clean up the bowel at night time.
4. Pre-operative anaesthetic assessment.
5. Hair clipping of the abdominal and pubic hair prescribed by doctor and shower after clipped hair. Please clean the umbilicus as well to prevent wound infection.
6. Keep fast for 6 – 8 hours before operation to avoid risk of aspiration.

After the Operation / Procedure

1. Bed rest after operation.
2. May feel mild throat discomfort. Please use your hand to compress the abdomen if you want to cough.
3. The patient will be inserted with a urinary catheter; the catheter will be removed after operation depending on your recovery rate.
4. Patient will experience certain degree of wound pain. Please ask the nurse for prescribed oral or intramuscular analgesics if required.
5. Wound is covered by sterile dressing, please keep wound dressing dry. Abdominal drain may be placed for drainage of fluid and it will be removed depending on the amount of fluid drained.
6. Mild discomfort or pain over shoulder or neck is common because of gas insufflations.
7. Patient will be kept fasting immediately after surgery and supplied with intravenous fluid. Oral intake can be gradually resumed (fluid, soft and normal diet) when bowel function returns.
8. The day after surgery: you can do some minor activities. But for deep breathing exercise, you should avoid excessive movement which may pull out the catheter inserted.
9. If a stoma is constructed during surgery, stoma nurse may visit you and your family to guide you for stoma care and introduce common stoma care items to you.

Patient's Label
Patient Name: _____
Hospital No:_____
Episode No:_____

Laparoscopic Colectomy / Laparoscopic Anterior Resection (Ascending / Transverse / Descending / Sigmoid) Colon / Rectum

10. There is no need to restrict diet after discharge. Please drink plenty of water, try frequent small meals to alleviate some common symptoms such as poor appetite, bloating, indigestion and other gastrointestinal symptoms.
11. In the first 3 months after surgery, the patient with rectal cancer may have more frequent bowel motions. If they eat more vegetables and increase the fiber intake, the stool frequency may gradually return to normal.
12. Patient should increase their daily activity after the operation and can resume normal activities 1 to 2 weeks after surgery. But patient should avoid heavy lifting or excessive exercise within 6 weeks.
13. Mild wound pain is common; please take prescribed analgesic for pain relief.
14. Taking shower is allowed, but remember to keep the dressing dry until follow up.
15. Please attend follow-up at specifies date and time for dressing or remove stitches (Staples).
16. When the wound healed completely in 3-4 weeks time, you may resume normal sexual life. Patients with stoma might encounter different degrees of psychological distress. Please don't hesitate to talk to your specialist stoma nurse if necessary.
17. Our Infection Control Nurse may contact you by phone to enquire of your wound condition 30 days after discharged.

Risk and Complication

1. Complications of general anaesthesia:
   - 1.1 Cardiovascular complications: acute myocardial infarction, cerebral accidents, deep vein thrombosis, massive pulmonary embolism.
   - 1.2 Respiratory complications: atelectasis, pneumonia, asthmatic attack, exacerbation of chronic obstructive airways disease.
   - 1.3 Allergic reaction and anaphylactic shock.
2. Operation related complications: (Item 1-3: may require further major operation and are associated with an overall mortality of up to 5%)
   - 2.1 Complications related to bowel preparation (renal failure/electrolyte disturbance).
   - 2.2 Surgical emphysema and incisional hernia.
   - 2.3 Damage to spleen in case of splenic flexure mobilization.
   - 2.4 Injuries to the urinary bladder and ureter.
   - 2.5 Anastomotic bleeding, leakage or disruption (3-10%), leading to reoperation, stoma and nastomotic stricture.
   - 2.6 Intra-abdominal bleeding and collection.
   - 2.7 Bladder dysfunction – 20%; temporary in most cases (in rectal cancer surgery), urinary tract infection.
   - 2.8 Damage by trocars: urinary bladder, gastrointestinal tract or vessels.
   - 2.9 Transient faecal incontinence, intestinal obstruction (prolonged ileus/adhesive obstruction).
   - 2.10 Sexual dysfunction, impotence (30-40%) (in rectal cancer surgery).
   - 2.11 Wound complications: Infection, scar problems (hypertrophic scar , Keloid).
   - 2.12 Fatal air-embolism.
   - 2.13 Port site recurrence (local or systemic or both).
   - 2.14 Stoma complication: Necrosis, stenosis, bleeding, retraction, prolapse, parastomal hernia, high output and skin irritation.

Disclaimer

This leaflet only provides general information pertaining to this operation / procedure. While common risks and complications are described, the list is not exhaustive, and the degree of risk could also vary between patients. Please contact your doctor for detailed information and specific enquiry.

Reference

Smart patient website by Hospital Authority: Laparoscopic Colorectal Resection (3/2020)

Patient's Label
Patient Name: _____
Hospital No:_____
Episode No:_____

Patient's Signature:_____ Date:_____