

Abdomino-Perineal Excision Of The Rectum (Aper)

What Is Abdomino-Perineal Excision Of The Rectum (Aper)?

Abdomino-perineal excision of the rectum (APER) is an operation to remove the entire rectum and anus. It is most commonly performed for patients with rectal cancer, often following radiotherapy.

This procedure may also be required for anal cancer that has not responded to, or has recurred after, chemo-radiotherapy. In some cases, the operation can be performed using a laparoscopic (keyhole) surgical technique.

What Does The Operation Involve?

This operation can be performed using open or laparoscopic (keyhole) surgery. During the procedure:

- The entire rectum and anal canal are removed
- Blood vessels and lymph nodes associated with the affected bowel are taken out
- In addition to an abdominal incision, an incision around the bottom is made to allow for complete removal of the anus
- The remaining bowel is brought to the surface on the left side of the abdomen to create a colostomy

The procedure typically takes 3-4 hours. The removed bowel is sent to the pathology department for examination, with results available within two weeks.

What Are The Risks Of The Surgery?

As with any abdominal operation, APER carries some risks, including:

General risks:

- **Blood clots (thrombosis):** Patients wear compression stockings and receive blood-thinning injections to minimise risk

- **Bleeding:** While rare, a blood transfusion may be required if significant blood loss occurs
- **Infection:** Wound infections can occur but are usually treated with antibiotics

Specific surgical risks:

- **Slow wound healing:** The perineal wound (around the bottom) may take time to heal, especially in patients who have had radiotherapy. This may require ongoing dressings at home
- **Ileus (delayed bowel function):** The bowel may temporarily stop working, causing bloating and vomiting. This is usually managed with bowel rest, intravenous fluids, and sometimes a nasogastric tube
- **Bowel obstruction:** Adhesions, kinks, or twists in the bowel can cause a blockage. Most cases resolve with bowel rest, but surgery may be necessary in some cases
- **Pelvic nerve damage:** Important pelvic nerves may be affected, potentially causing bladder dysfunction and, in men, issues with erections and ejaculation. This risk is higher for patients who have had radiotherapy
- **Conversion to open surgery:** If a keyhole approach is not feasible, the procedure may need to be completed as an open operation

Recovery And Aftercare

In hospital:

- An epidural is often used for pain relief and may continue for at least a day after surgery
- An intravenous drip for fluids is usually removed within 24 hours
- A catheter (to drain the bladder) is generally in place for 48 hours
- An abdominal drain may be used and is typically removed within a few days
- You will be encouraged to eat and drink as soon as you feel able, usually the same day.
- Early mobilisation is encouraged to aid recovery

- Hospital stay typically lasts 2-5 days for keyhole surgery and 5-7 days for open surgery, though this may vary

At home:

- You should remain mobile but avoid heavy lifting or strenuous activities for about six weeks
- Most patients can resume driving after two weeks, though recovery time may be longer after open surgery
- A follow-up consultation is scheduled approximately two weeks after discharge, though earlier appointments can be arranged if needed
- Patients may require ongoing perineal wound care with regular dressings

Adjusting To A Colostomy

Following APER, patients will have a permanent colostomy. The colorectal nurse specialist will provide support and training on managing the stoma before discharge.

Why Choose The Midlands Bowel Clinic?

- Expert colorectal surgical care with a focus on patient-centred treatment
- Specialists in minimally invasive keyhole procedures for faster recovery and reduced discomfort
- Comprehensive pre-operative and post-operative care tailored to individual patient needs
- Dedicated colorectal nurse specialists providing support for recovery and colostomy management
- A multidisciplinary team offering high-quality care in a professional and comfortable environment

Contact Us

If you have any questions about abdomino-perineal excision of the rectum (APER) or would like to arrange a consultation, please contact Midlands Bowel Clinic. Our friendly team is here to provide support and guidance at every step of your treatment journey.