

Anterior Resection Of The Rectum

What Is Anterior Resection Of The Rectum?

Anterior resection is an operation to remove part or all of the rectum. It is most commonly performed for patients with rectal cancer. Many patients with rectal cancer will undergo radiotherapy before surgery.

Anterior resection may also be performed for diverticular disease. In many 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:

- Part or all of the rectum is removed, usually with a portion of the sigmoid colon
- Blood vessels and lymph nodes associated with the affected bowel are taken out
- The remaining colon is reconnected to the remaining rectum using sutures or staples
- If a stoma (usually an ileostomy) is necessary, this will be discussed before surgery

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, anterior resection 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:

- **Anastomotic leak:** The join in the bowel may leak, particularly in patients who have had radiotherapy. Small leaks may be treated with antibiotics and drainage, while larger leaks may require further surgery and a stoma
- **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

Changes In Bowel Function

Some patients experience minimal change in bowel habit after anterior resection. However, those who have had most of their rectum removed or received radiotherapy may notice:

- **Increased bowel frequency**
- **Looser stools**
- **Difficulty evacuating the bowels**
- **Occasionally, poor bowel control (leakage)**

Many of these symptoms improve over time or with treatment, but some may be permanent.

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 stoma care if required

- **A multidisciplinary team** offering high-quality care in a professional and comfortable environment

Contact Us

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