

Ileocolic Resection

What Is An Ileocolic Resection?

An ileocolic resection is a surgical procedure to remove the terminal ileum (the last part of the small intestine) and the first part of the colon. It is most commonly performed for Crohn's disease, which often affects this area, but may also be necessary for other conditions such as tumours, strictures, or complications of inflammatory bowel disease. In most cases, this operation is carried out using a laparoscopic (keyhole) surgical technique, which offers a faster recovery and reduced post-operative discomfort.

What Does The Operation Involve?

An ileocolic resection can be performed using either open surgery or laparoscopic (keyhole) techniques.

- The **diseased section of the small intestine and colon** is removed
- The **remaining small intestine is reconnected to the colon** using sutures or surgical staples (anastomosis)
- **No stoma (ileostomy or colostomy) is usually required**, but if necessary, this will be discussed beforehand

The procedure usually takes around two hours, and the removed bowel is sent for pathology examination, with results typically available within two weeks.

What Are The Risks?

As with any abdominal surgery, an ileocolic resection carries some risks. To minimise complications, a pre-operative assessment is carried out, which includes evaluating heart and lung function, as well as any existing medical conditions. Compression stockings and blood-thinning injections are given to reduce the risk of blood clots.

Possible risks include:

- **Bleeding** – Rare, but blood transfusion is available if required
- **Wound infections** – Can occur in both open and keyhole surgery, usually managed with antibiotics

- **Anastomotic leak** – A leak from the bowel join, which is more likely in patients with Crohn's disease or those taking steroids. Some leaks can be treated with antibiotics and drainage, while severe cases may require further surgery and a temporary stoma (ileostomy)
- **Ileus (slow bowel recovery)** – The bowel may temporarily stop working, leading to bloating and vomiting. This is managed with bowel rest, IV fluids, and sometimes a nasogastric tube
- **Bowel obstruction** – If a blockage occurs due to adhesions, a temporary period of bowel rest is recommended. Rarely, surgery is required
- **Conversion to open surgery** – Occasionally, it may not be possible to complete the procedure laparoscopically, requiring an open approach

What Happens After The Operation?

- **An intravenous (IV) drip** for fluids, which is usually removed within 24 hours
- **A catheter** to drain urine, typically removed after 24 hours
- **Occasionally, an abdominal drain**, which is removed after a few days
- **Pain relief**, often provided through an epidural or patient-controlled analgesia (PCA)

You will be encouraged to eat and drink as soon as possible, usually on the same day. Early mobilisation is essential to aid recovery and prevent complications.

Hospital stay:

- **Keyhole surgery:** 2-5 days
- **Open surgery:** 5-7 days

Recovery at home :

- **Staying active**, but avoiding heavy lifting or strenuous activity for about 6 weeks
- **Driving can usually resume after 2 weeks**, though this may take longer for open surgery

- **A follow-up consultation is scheduled after two weeks**, but earlier appointments can be arranged if needed

Why Choose The Midlands Bowel Clinic?

At the Midlands Bowel Clinic, expert colorectal surgeons provide specialist care using the latest minimally invasive surgical techniques. With a focus on patient-centred care, faster recovery, and optimal outcomes, patients receive comprehensive support from diagnosis to recovery.

Contact Us

If you have been advised to undergo an ileocolic resection, contact the Midlands Bowel Clinic for expert advice and treatment options.