

# Right Hemicolectomy

## What Is A Right Hemicolectomy?

A right hemicolectomy is a surgical procedure to remove the right side of the colon. It is commonly performed for colon cancer and non-cancerous conditions such as Crohn's disease. In most cases, this operation is carried out using a laparoscopic (keyhole) surgical technique, which allows for faster recovery and reduced post-operative pain.

## What Does The Operation Involve?

A right hemicolectomy can be performed as an open surgery or using laparoscopic (keyhole) techniques.

- The right side of the colon and the last part of the small intestine are removed
- Blood vessels and lymph nodes in the affected area are taken away
- The small intestine is reconnected to the remaining colon using sutures or surgical staples
- No stoma (ileostomy or colostomy) is required in most cases

If there are any factors that may require a stoma, your surgeon will discuss them with you beforehand. The procedure typically lasts around two hours, and the removed tissue is sent for pathology analysis, with results available within two weeks.

## What Are The Risks?

Like any surgery, a right hemicolectomy carries some risks. To minimise complications, a thorough pre-operative assessment is carried out, including heart and lung function tests. Patients wear compression stockings and receive blood-thinning injections to reduce the risk of blood clots.

Potential complications include:

- **Bleeding** – Rare, but blood transfusion is available if needed
- **Wound infections** – Can occur in open or laparoscopic surgery, usually treated with antibiotics
- **Anastomotic leak** – A leak from the new join in the bowel; higher risk in Crohn's disease or

patients on steroids. Some leaks can be managed with antibiotics and drainage, while severe cases may require further surgery and a temporary stoma

- **Ileus (slow bowel recovery)** – The bowel may temporarily stop working, causing bloating and vomiting. This is treated 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 operation laparoscopically, requiring an open approach

## What Happens After The Operation?

### After surgery, you will have:

- **An intravenous (IV) drip** for fluids, 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 management**, often via 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 prevent complications.

### Hospital stay:

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

### Recovery at home includes:

- **Keeping mobile**, but avoiding heavy lifting or strenuous activity for about 6 weeks
- **Driving can usually resume after 2 weeks**, though this may be 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, you will receive expert care from specialist colorectal surgeons using state-of-the-art surgical techniques. With a focus on minimally invasive surgery, we aim to provide faster recovery times, reduced complications, and improved patient outcomes.

## Contact Us

If you have been advised to undergo a right hemicolectomy, contact Midlands Bowel Clinic for expert advice and treatment options.