

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.