

# Sub Total Colectomy

## What Is A Sub Total Colectomy?

A sub total colectomy is an operation to remove the colon while leaving the rectum intact. This procedure is most commonly performed for patients with inflammatory bowel diseases, such as Crohn's disease and ulcerative colitis. It may also be necessary for individuals with familial adenomatous polyposis or, in some cases, for patients with multiple bowel cancers.

Whenever possible, the operation is performed using laparoscopic (keyhole) surgery, which is minimally invasive and allows for a quicker recovery.

## What Does The Operation Involve?

A sub total colectomy can be carried out as an open procedure or laparoscopically. During the surgery:

- The entire colon and the last part of the small intestine are removed
- Blood vessels and lymph nodes connected to the colon are also taken out
- The surgeon creates a new connection (anastomosis) between the small intestine and the remaining rectum using either sutures or surgical staples
- If a stoma (ileostomy) is required, the surgeon will discuss this with you before the procedure

For some patients with Crohn's disease or ulcerative colitis, a direct join may not be possible. In these cases, an ileostomy (where the small intestine is brought to the surface of the abdomen) is created, and the rectum is sealed off and left inside.

The procedure usually takes around three hours. After removal, the colon is sent to the pathology department for detailed examination, with results typically available within two weeks.

## What Are The Risks Of The Surgery?

As with any abdominal operation, a sub total colectomy carries some risks. These include:

### General risks:

- **Blood clots (thrombosis):** You will be given compression stockings and blood-thinning injections to minimise this risk

- **Bleeding:** While rare, a blood transfusion may be needed if significant blood loss occurs
- **Infection:** Wound infections are uncommon but may require antibiotic treatment

### Specific surgical risks:

- **Anastomotic leak:** The join in the bowel may leak, particularly in patients with Crohn's disease or those taking steroids. A small leak may be treated with antibiotics and drainage, while a more severe leak may require further surgery and a temporary stoma
- **Ileus (delayed bowel function):** The bowel may temporarily stop working, causing bloating and vomiting. This usually resolves with intravenous fluids and bowel rest. A nasogastric tube (a small tube inserted through the nose into the stomach) may be required
- **Bowel obstruction:** Scar tissue (adhesions) or kinks in the bowel may cause a blockage. This is usually managed with bowel rest and fluids, but surgery may be needed in some cases
- **Conversion to open surgery:** If keyhole surgery is not feasible, the procedure may need to be completed as an open operation

## Recovery And Aftercare

### In hospital:

- You will have an intravenous drip for fluids, usually removed after 24 hours
- A catheter (to drain the bladder) is generally removed after 24 hours
- An abdominal drain may be placed and removed within a few days if necessary
- 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 ranges from 2-5 days for keyhole surgery and 5-7 days for open surgery, though this may vary

## At home:

- You should stay 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 following open surgery
- A follow-up consultation is scheduled approximately two weeks after discharge, but you can request an earlier appointment if needed

If you experience severe pain, fever, persistent vomiting, or signs of infection after discharge, contact your healthcare provider immediately.

## 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 assessments** tailored to individual patient needs
- **Personalised aftercare** to support your recovery journey
- **A dedicated multidisciplinary team** providing high-quality care in a professional and comfortable environment

## Contact Us

If you have any questions about sub total colectomy 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.