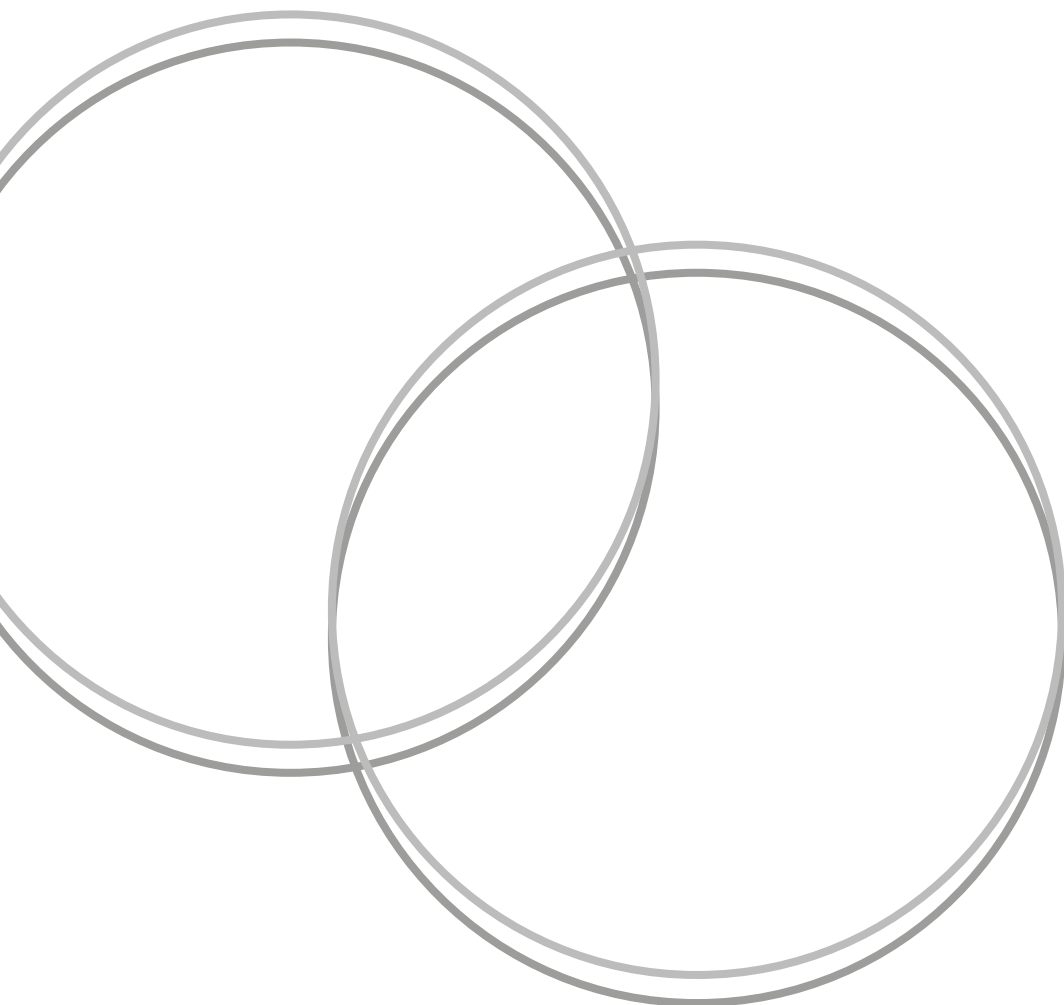




Oxford University Hospitals  
NHS Foundation Trust

# Left Hemicolectomy

**Information for patients**

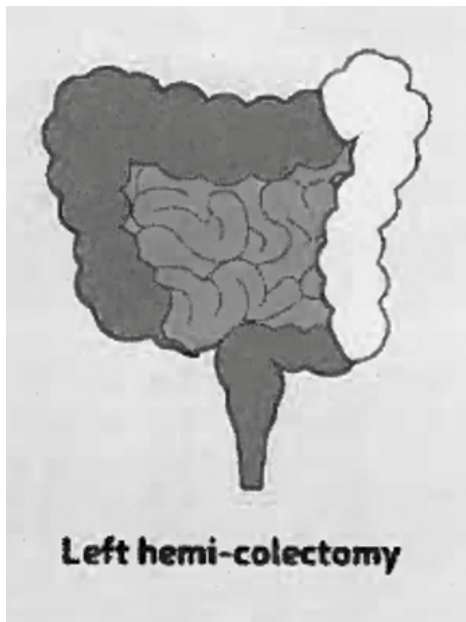


## Introduction

This document provides detailed information about Left Hemicolectomy, a surgical procedure performed by the colorectal team at Oxford University Hospitals to remove a portion of the colon, typically the left side of the colon. This guide covers the procedure, alternative treatment options, pre- and post-operative expectations, and follow-up care.

## What is Left Hemicolectomy?

Left Hemicolectomy involves the surgical removal of a portion of the colon, typically the left colon and sometimes part of the sigmoid colon. The remaining bowel ends are reconnected (anastomosis) to restore bowel continuity.



## **Indications for Right Hemicolectomy**

Left Hemicolectomy is recommended for the following conditions:

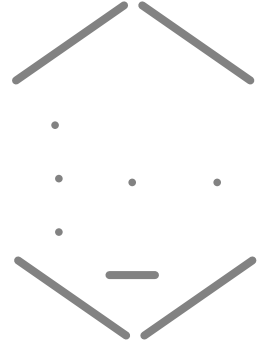
- Colon cancer on the left side of the colon
- Large or high-risk polyps not suitable for endoscopic removal
- Diverticular disease affecting the left colon
- Other diseases affecting the left colon (e.g., ischaemia, stricture)

# Surgical Approaches

There are three main techniques for performing Left Hemicolectomy at Oxford University Hospitals. The choice of approach depends on individual patient factors and will be discussed in clinic with your surgeon.

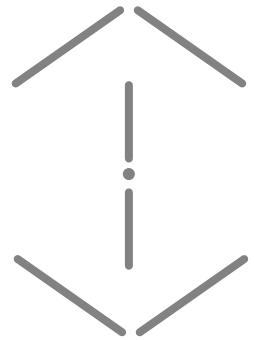
## Laparoscopic (Keyhole) Surgery:

- Several small incisions are made in the abdomen.
- A camera and fine instruments are inserted to remove the diseased bowel.
- Often preferred for quicker recovery, less pain, and smaller scars.



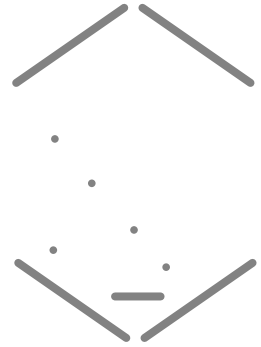
## Open Surgery:

- A single, larger incision is made down the middle of the abdomen.
- Provides direct access to the bowel.
- May be recommended if keyhole surgery is unsuitable due to previous operations or tumour complexity.



### **Robotic-Assisted Surgery:**

- A robotic system controlled by the surgeon is used to perform precise movements through small keyhole incisions.
- Offers excellent visualisation and precision, particularly in narrow areas of the abdomen.
- May be used for selected patients based on tumour location and complexity.



## **Alternatives to Left Hemicolectomy for Colon Cancer**

Depending on tumour size, stage, location, and the patient's overall health, the following alternatives may be considered:

### **Chemotherapy:**

- May be used after surgery to kill any remaining cancer cells.
- May be used before surgery to shrink a large tumour.

### **Radiotherapy:**

- In conjunction with chemotherapy, radiation can be used to kill cancer cells or to reduce bleeding from a tumour.

### **Observation:**

- In certain instances, particularly for frail patients with other serious health issues, the team might recommend careful observation.

## Pre-Operative Preparation

### Before your surgery:

- You will attend a pre-operative assessment clinic.
- You may need to take bowel preparation (laxatives or enemas).
- Your surgeon will explain the procedure and answer your questions.
- You will be asked to sign a consent form.

## Will I Need a Stoma?

Depending on individual factors, some patients may require a temporary or permanent stoma, where the bowel is diverted through an opening in the abdomen:

- **Temporary Ileostomy/Colostomy:** Allows the bowel join (anastomosis) to heal, with the intent to reverse the ostomy at a later operation.
- **Permanent Colostomy:** May be necessary depending on tumour location or complications.

# Post-Operative Care

## **Hospital Stay:**

- Most patients stay around 3-5 days, but this varies depending on the surgery and individual factors.

## **Pain Management:**

- Patients may receive an epidural, or a spinal injection or patient-controlled analgesia (PCA).
- Pain typically improves significantly within a few days.

## **Bowel Function:**

- Bowel movements may resume within 1-4 days.
- Initial diarrhoea or urgency is common.
- Some patients may experience temporary constipation.

## **Stoma Care:**

- If a stoma is created, a Stoma Nurse Specialist will visit before and after surgery to provide support and education.

## Risks and Potential Complications

Left Hemicolectomy carries risks similar to those associated with major operations, including:

### **General Risks:**

- Reaction to anaesthesia
- Chest infection or urinary infection
- Blood clots (Deep Vein Thrombosis or Pulmonary Embolisation)
- Heart complications

### **Specific to Right Hemicolectomy:**

- Bleeding
- Wound infection
- Leakage at the bowel join (anastomotic leak) - occurs in 5-10% of patients
- Nerve damage affecting bladder or sexual function
- Bowel habit changes (urgency, frequency, or loose stools)
- Temporary or permanent stoma may be required
- Rare injury to nearby organs (e.g., spleen or ureter)
- The need to return to surgery for complications.
- Severe complications after surgery may require Intensive Care treatment and may, in rare cases (1-2%), lead to death.

## Enhanced Recovery Programme

Oxford University Hospitals follows an Enhanced Recovery Programme to support patient recovery, including:

- Early mobilization
- Optimal pain control
- Early return to eating and drinking
- Active involvement in patient care

### Recovery at Home

- **Tiredness:** Fatigue is common and can take several months to resolve. Plan to rest regularly and gradually return to activity.
- **Driving:** Avoid driving for at least 6 weeks or until cleared by a doctor/insurer.
- **Sexual Activity:** Resume when ready; temporary changes in desire or function are normal.
  - » **Men:** Temporary or long-term erectile difficulties may occur due to nerve involvement.
  - » **Women:** Vaginal dryness or discomfort may occur; lubricants can help.
- **Work:** Return gradually. Avoid heavy lifting for at least 6 weeks.

### Follow-Up Care

- A colorectal nurse specialist will contact the patient after discharge.
- A clinic appointment will be scheduled in 3-4 weeks to review progress and in cancer cases to discuss further treatment which may be advised to reduce the chance of your cancer coming back (e.g., chemotherapy or radiotherapy).
- For cancer cases, pathology results will be reviewed by the Colorectal Multidisciplinary Team (MDT).

## Further Support and Information

If you have questions or concerns, please contact:

### **Colorectal Nurse Specialists:**

Oxford University Hospitals NHS Foundation Trust

Tel: 01865 221454

### **Surgical admissions and appointments:**

Tel: 01865 234713

## Useful Websites

- [www.macmillan.org.uk/cancer-information-and-support](http://www.macmillan.org.uk/cancer-information-and-support)
- [www.maggies.org/](http://www.maggies.org/)
- [www.colostomyuk.org/](http://www.colostomyuk.org/)
- [www.bowelcanceruk.org.uk/](http://www.bowelcanceruk.org.uk/)



## Further information

If you would like an interpreter, please speak to the department where you are being seen.

Please also tell them if you would like this information in another format, such as:

- Easy Read
- large print
- braille
- audio
- electronic
- another language.

We have tried to make the information in this leaflet meet your needs. If it does not meet your individual needs or situation, please speak to your healthcare team. They are happy to help.

Author: Colorectal Surgery Team  
December 2025  
Review: December 2028  
Oxford University Hospitals NHS Foundation Trust  
[www.ouh.nhs.uk/information](http://www.ouh.nhs.uk/information)



*Making a difference across our hospitals*

[charity@ouh.nhs.uk](mailto:charity@ouh.nhs.uk) | 01865 743 444 | [hospitalcharity.co.uk](http://hospitalcharity.co.uk)

OXFORD HOSPITALS CHARITY (REGISTERED CHARITY NUMBER 1175809)

